



SLINGERLAND SUMMER CAMP REGISTRATION

557 Olivina Ave., Bldg B
Livermore, CA 94551
Phone: (925)344-6144

Student's Full Name: _____

Date of Birth: ____/____/____ Gender: _____ Grade in August: _____

Home Address: _____

Registered LVA student for 2025-26: YES NO Current School: _____

PARENT/GUARDIAN Information:

Name: _____

Name: _____

Relationship to student: _____

Relationship to student: _____

Cell Phone: _____

Cell Phone: _____

Work Phone: _____

Work Phone: _____

Email Address: _____

Email Address: _____

Emergency Contact Information:

Name: _____ Phone: _____

**Please select the enrollment session:

___ Slingerland Camp – 9-12 noon - **June 16 - July 11 (no camp July 4) - \$2,600**

___ Summer Camp add-on pm - \$200/wk

___ Wk 1 ___ Wk2 ___ Wk 3 ___ Wk 4

The Summer Camp NON-REFUNDABLE deposit of \$400 (applied to camp total) is due when submitting registration. **Balance due June 2, 2025.**

I have received, read, and agree to the LVA Summer Camp Information page. Initials _____

Parent/Guardian's Signature: _____ Date: _____

I/We consent to allow my/our child's image to be used on the LVA social media, website and understand that no child's name or information will be disclosed. _____ Yes _____ No

SCHOOL USE ONLY

Date Received: _____

Cash, Check # _____, or Other _____

Start Date: _____

Received: ___ Health & Allergy Form

Received By: _____

___ Emergency Card

Deposit: _____

Camp Fee: _____

Other/Notes:
