

LEAPFROG ADVENTURE CAMP

2024 Summer Application

Mother's Name _____ Mother's Email _____

Father's Name _____ Father's Email _____

Address : _____

Mother's Cell _____ Father's Cell _____ Home _____

Child's Name : _____

Date of Birth : _____ Boy/Girl : _____

Allergies: _____ My child takes the following medication: _____

I would like to enroll my child in the Leapfrog Learning Center 2024 Adventure Camp which runs from 7/1/24 through 8/16/24 (minimum attendance six weeks). Please enroll my child for the _____ (6 or 7) week program. Parents must indicate weeks of attendance below **or pay for entire seven weeks.**

Previous Attendance: My child has attended Leapfrog before _____ (Date)

	<u>Arrival Time</u>	<u>Departure Time</u>
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____

(Minimum attendance: Two mornings per week)

Note my child will attend the following weeks>>>> _____

I understand tuition for this schedule is \$ _____ for _____ weeks. Enclosed please find my deposit for half this amount (\$ _____) as well as my \$50.00 registration fee (reg. fee waived for children who have attended Leapfrog before). I understand the remaining tuition will be payable by 7/1/24.

I understand that my deposit will be forfeited if my child does not attend or leaves prior to the program's conclusion. Deposits are also forfeited if Leapfrog is unable to open because of a government emergency.

Signature of Parent _____

Date: _____