



SUMMER CAMP REGISTRATION

557 Olivina Ave., Bldg B
Livermore, CA 94551
Phone: (925)344-6144 / (925)961-7812

Student's Full Name: _____

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

Home Address: _____

Registered LVA student for 2023-24: 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:

- | | |
|--|---|
| <input type="checkbox"/> Week 1 – June 19 - June 23 (\$395) | <input type="checkbox"/> Week 4 – July 10 – July 14 (\$395) |
| <input type="checkbox"/> Week 2 – June 26 - June 30 (\$395) | <input type="checkbox"/> Week 5 – July 17 – July 21 (\$395) |
| <input type="checkbox"/> Week 3 – July 3 - July 7 (\$395) | <input type="checkbox"/> Week 6 – July 24 – July 28 (\$395) |
| <input type="checkbox"/> Full 6-week session – June 19-July 28 (\$1,950) | |

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
 ___ Emergency Card

Received By: _____

Camp Fee: _____

Other/Notes:
