



SUMMER CAMP REGISTRATION

557 Olivina Ave., Bldg B
Livermore, CA 94551
Phone: (925)315-7728 / (925)961-7812

Student's Full Name: _____

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

Home Address: _____

Registered LVA student for 2021-22: 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:

___ STEAM – June 21-July 2 (\$700)

___ Disney – July 5-July 16 (\$700)

___ Citizenship – July 19-July 30 (\$700)

___ Full 6-week session – June 21-July 30 (\$1,950)

___ Slingerland – June 14-July 9 (\$2,250)

___ Other _____, weeks _____, \$ _____

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: _____

Camp Fee: _____

Start Date: _____

Cash, Check # _____, or Other _____

Received By: _____

Received: ___ Health & Allergy Form
 ___ Emergency Card

Other/Notes:
