

# Egremont School

## ~ Summer Camp Registration 2024 ~

Student's Name: \_\_\_\_\_ Grade for 2024-2025 \_\_\_\_\_

Date of Birth (month/day/year): \_\_\_\_\_ Age: \_\_\_\_\_

I GIVE PERMISSION for my child to be photographed for:  
 daily/weekly emails to summer camp families     website advertisements     print advertisements  
 I DO NOT GIVE PERMISSION for my child to be photographed during summer camp.

**Please mark the days your child will be attending Summer Camp and EDC at Egremont with an X.**

The days of attendance (8:00 AM-4:00 PM) chosen from the calendar below  
will be charged at the rate of  
\$110 per day (registration between 3/11/24-3/27/24) or \$120 per day (registration beginning 3/28/24).

EDC (4:00-6:00 PM) will be charged at the rate of \$20 per day per student.

**A \$50 non-refundable registration fee payment per camper is due at time of registration.**

**Summer camp payment is due in full at time of registration.**

Absences can be made-up on an alternative date during camp. There are no refunds or credits for absences.

Parent's Name (print) \_\_\_\_\_ Date \_\_\_\_\_ Parent's Signature: \_\_\_\_\_

JUNE				
Monday	Tuesday	Wednesday	Thursday	Friday
24 Attendance _____ EDC _____	25 Attendance _____ EDC _____	26 Attendance _____ EDC _____	27 Attendance _____ EDC _____	28 Attendance _____ EDC _____
JULY				
1 Attendance _____ EDC _____	2 Attendance _____ EDC _____	3 Attendance _____ EDC _____	4 <b>NO CAMP</b>	5 Attendance _____ EDC _____
8 Attendance _____ EDC _____	9 Attendance _____ EDC _____	10 Attendance _____ EDC _____	11 Attendance _____ EDC _____	12 Attendance _____ EDC _____
15 Attendance _____ EDC _____	16 Attendance _____ EDC _____	17 Attendance _____ EDC _____	18 Attendance _____ EDC _____	19 Attendance _____ EDC _____
22 Attendance _____ EDC _____	23 Attendance _____ EDC _____	24 Attendance _____ EDC _____	25 Attendance _____ EDC _____	26 Attendance _____ EDC _____
29 Attendance _____ EDC _____	30 Attendance _____ EDC _____	31 Attendance _____ EDC _____		
AUGUST				
			1 Attendance _____ EDC _____	2 Attendance _____ EDC _____

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**For Official Use Only - to be completed by Egremont Administration:**

# of Days in June: \_\_\_\_\_ x \$110    \$120    # of Days in July: \_\_\_\_\_ x \$110    \$120    # of Days in August: \_\_\_\_\_ x \$110    \$120  
EDC: \_\_\_\_\_ x \$20                          EDC: \_\_\_\_\_ x \$20                          EDC: \_\_\_\_\_ x \$20

**Total Payment Due: \$** \_\_\_\_\_      Date Payment Received: \_\_\_\_\_

Method of Payment:  Cash     Check     Credit Card (a 2.90% convenience fee will be applied)