2026 Summer Camp Application

Return this application along with the non-refundable registration fee: $55 (by May 22nd) or $75 (after May 22nd). Registration fee includes 5 Camp T-Shirts, Curriculum Book, and Supplies. Student slots will be secured when applications AND fees are submitted.

Child's First and Last Name_____ **Date:**_____

Date of Birth _____ **Grade Entering in Fall**_____

T-Shirt Size **(See sizing details on back)** ☐ **XS (6-8)** ☐ **S (10-12)** ☐ **M (14-16)** ☐ **L (18-20)** ☐ **XL (22-24)**

This year, ZBOP's summer camp will run for 10 weeks, beginning June 8th and ending August 14th. Students will review curriculum to prepare them for the upcoming school year. They will also participate in weekly field trips, music lessons, arts & crafts, indoor/outdoor play and more. Meals will be provided; no outside food will be allowed. Below are the summer camp fees. Calculate total summer camp fees in the space provided to the right.

Summer Camp (8:30 a.m. – 2:30 p.m.) = $1,250 $_____

Before Care (6:00 a.m. – 8:30 a.m.) = $200 + $_____

After Care (2:30 p.m. – 5:00 p.m.) = $200 + $_____

Total Camp Fees: = $_____

_____ **Initials**

I understand that I am contracting to reserve a class slot, and fees are due **whether my child attends or not**. I understand that tuition credit will NOT be given for unscheduled absences, scheduled absences, vacation periods or holidays.

Choose the option below that applies to you:

☐ **My tuition IS NOT/WILL NOT BE state subsidized. I will make three payments equal to one-third of the total camp fee by: June 8th, July 1st, and July 27th. I understand my child will not be allowed attendance if any payment is missed.**

☐ **My payment IS state subsidized. I will pay my co-payment amount the first business day of each month.**

☐ **My payment WILL BE state subsidized. I will pay camp tuition weekly until the state notifies me of my co-payment amount. I understand ZBOP will return my advance payments to me minus all co-payment obligations that are determined by the state.**

Drop off time is: _____ **and Pick up time is:** _____.

I (We), the undersigned, have read and do agree to abide by the terms, conditions, and procedures outlined in the Zion Buds of Promise Christian Academy handbook.

_____	_____	_____
Printed Name	**Signature**	**Date**
_____	_____	_____
Printed Name	**Signature**	**Date**