Summer Camp Registration 2026



Child's Name:					
Birthdate:	Age: Gender:				
Grade (as of August 2026): □PK3 □PK4 □K Elementary:	•••••				
PARENT/GUARDIAN INFO	RMATION				
Parent/Guardian Name #1:					
Home/Cell Phone:	me/Cell Phone: Email:				
Please circle the best number to	reach you during camp hours.				
Parent/Guardian Name #2:					
Home/Cell Phone:					
Please circle the best number to	reach you during camp hours.				
MEDICAL INFORMATION Due to staffing limitations, we are unable to	offer any additional support services for our Summer Camps.				
Health Concerns/Allergies/I	Medical Needs:				
Primary Physician:	Phone:				
Are there any special consid	erations or restrictions that need to be ain:				

PERMISSION TO PHOTOGRAPH

I give permission for my child to be photographed for Sterling's website/social media. I do not give permission for my child to be photographed for Sterling's website/social media.					
EMERGENCY CONTACT					
Emergency Contact #1:	Phone:				
Emergency Contact #2:	Phone:				
Please note:					
 All payments will be made online Only cancellations received by Mo 	n full no later than Friday, May 4, 2026. through Stripe. onday, May 25th will be eligible for a fee (per week) will be deducted from any				
Dloggo contact igmazan@stavlingmonta	ssori org with any registration auestions.				

Summer Camp is only available to students who were enrolled at Sterling for the 2025-2026 school year.

Please check off the weeks your child will be in camp:

Week 1: June 22 - June 26	Week 2: July 6 - July 10		
Half Day (9:00-1:00)	☐ Half Day (9:00-1:00)		
Week 3: July 13 - July 17	Week 4: July 20 - July 24		
☐ Half Day (9:00-1:00)	☐ Half Day (9:00-1:00)		
Week 5: July 27 - July 31			
☐ Half Day (9:00-1:00)			

Summer Camp Fees - Payment in Full due by May 4th				
Program	Program Hours			
Half Day Camp	9:00 - 1:00	\$175		

Note: You will be responsible for all late pick-up fees. Students who remain beyond their registered time will be charged \$5 per minute to a maximum of \$100.

Guardian Signature:	Date:
Child's Name:	

For SMACS Use Only					
Week 1	Week 2		Week 3		
Week 4 Week 5					
Total Amount Due:					
Payment:	Fees	Date			