

# 育泉 Spring Academy Summer Camp

Garwood Campus: 110 Center St.  
Phone 908-301-6168/908-360-5188

Scotch Plains campus: 1961 Raritan Road.  
Web: springacademyus.com

Warren Campus: 10 North Rd.  
Email: springacademy168@gmail.com

## Summer Camp Registration Form

Student Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender :  Male  Female

Home Address: Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Mother's Name \_\_\_\_\_ Mother's Work Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Father's Work Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Emergency Phone Number \_\_\_\_\_

### Session Desired:

5 Full Days From \_\_\_\_\_ to \_\_\_\_\_

4 Full Days From \_\_\_\_\_ to \_\_\_\_\_

3 Full Days From \_\_\_\_\_ to \_\_\_\_\_

5 Half Days From \_\_\_\_\_ to \_\_\_\_\_

### Tuition & Fees

Tuition	Textbook	Material	Registration	Total	Deposit	Paid	Balance
	\$35	\$30	\$50				

\$200.00 deposit is required for each child at registration time.

Deposit, Registration fee, textbook and material fee are due upon registration. Textbook, material fee and registration fee are non-refundable. Tuition is due by \_\_\_\_\_. Camper's healthy and vaccine information submitting to the camp before or on your first camp day is required by the State Regulation.

Parent/ Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Camp Administrator \_\_\_\_\_ Date \_\_\_\_\_