



Location Address: 2949 N. 204th St., Suite 102, Elkhorn, NE 68022
Mailing Address: P.O. Box 516, Elkhorn, NE 68022
Phone: (402)614-5400 Website: www.HearthAcademy.com

Registration rec'd Date: _____ Time: _____
Summer Camp Total: \$ _____
Payment by: _____ Cash _____ Check _____ ACH
*To be completed by school

SUMMER CAMPS 2025 REGISTRATION FORM \$35.00 Per Camp

Full payment is due with registration form. Currently enrolled families may pay through ACH and will be deducted the 1st of the following month after the registration form is received. All registrations requiring ACH deduction will need to be completed and received by our office no later than April 15, 2025. **Planning and staffing needs are based on camp enrollment; therefore, NO REFUNDS will be given after we've received your Summer Camp Registration Form.** Thank you for choosing The Hearth Academy Preschool! We are glad you have chosen to participate in our summer camps this year.

*Please complete a separate registration form for each child. Thank you!

Child Name _____ Birthdate _____ Age (on June 1st) _____ Boy _____ Girl _____

Name to be used in class (both verbal & written) _____ Allergies _____

Special Needs/Requests _____

Parent (Guardian) Name _____

Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____ E-mail: _____

Emergency Contact Name _____

Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____ E-mail: _____

I, _____ hereby give The Hearth Academy Preschool Staff permission to see that my
Parent/Guardian Signature
minor child(ren) receive medical treatment in an emergency.

Camp Name: _____ Camp Date(s): _____ Total: \$ _____

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***Please continue any additional camps on back.** **Total Due: \$ _____**

Summer Camp Registration - Page 2

Camp Name: _____ Camp Date(s): _____ Total: \$ _____

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