



Summer Camp Registration Form

SECTION A: CHILD INFORMATION

Student's Name: _____ Date of Birth: ____/____/____

Mother/Guardian Name:	Phone:	E-mail Address:
Father/Guardian Name:	Phone:	E-mail Address:
Emergency Contact (Other than Parents):		Phone Number:

SECTION B: MEDICAL INFORMATION

Asthma Yes No

Gluten Intolerance or Special Diet Yes No If Yes, Specify: _____

Other: _____ Yes No

SECTION C: SUMMER WEEK

Summer Camp Weeks							
Dates	June 16th - 20th	June 23rd - 27th	June 30th - July 3rd	July 7th - 11th	July 14th - 18th	July 21st - 25th	July 28th - Aug 1st
Price per Weeks	\$450	\$450	\$400	\$450	\$450	\$450	\$450
Select Week							

Total:	\$ _____
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To register in our program, a non-refundable deposit of \$100 is required. Please read the following terms and conditions carefully before proceeding with your deposit:

1. Reservation Deadline: Your deposit must be submitted by **(6/6/2025)** before the start date of the class.
2. Non-Refundable Deposit: The \$100 deposit is non-refundable under any circumstances. This includes but is not limited to cancellations or withdrawals from the class.
3. Final Payment: The remaining balance for the Summer break week is due on the first day of the class **(6/16/2025)**. Failure to pay the full amount may result in the forfeiture of your reservation and deposit.
4. Transferability: Deposits are non-transferable to other individuals or future classes or weekly tuition.
5. Acceptance of Terms: By submitting your deposit.
6. For questions, please contact MY Learning Center **(626) 879-8600**

SECTION D: DISCLOSURE AND SIGNATURE

Parent Signature: _____

Date: _____

MY Learning Center
 1 E. Foothill Blvd.
 Arcadia, CA 91006
 Phone: (626) 879-8600
 Email: Mylearningcenterllc@gmail.com

