

Village School Summer Camps for Girls 2024 Application

TI GI II II V	Camp Day Details:		
First Child's Name:	Camps are M	Monday-Friday at	Village School
Age: Rising Grade (Sept 2024):	All campers arrive between 8:45am-9:00am Half day pick up: 1:00pm Full day pick up: 3:00pm Please note that we do not have the capacity for early arrivals or aftercare. Children should come dressed for play and bring their own lunch and snacks.		
Solve Like a Girl (rising 4th-7th) June 17-21 (full day) SA: Hug Time and Wild Hair (rising 1st-3rd) June 17-21 (half day)			
Hands-on History (rising 5th-7th) July 15-19 (full day)			
SA: Island Adventure (rising 1st-3rd) June 24-28 (half day)	Camps are filled on a first-come-first-serve basis. villageschool.us (434) 984-4404		
Poetry, Popsicles, & Prose (rising 5th-8th) July 8-12 (full day)			
SA: Casa Mágica (rising 1st-3rd) July 8-12 (half day) SA: Rise Up & SING! (rising 1st-3rd) July 15-19 (half day) SA: Magic of the Stars (rising 1st-3rd) July 22-26 (half day)	Tuition	One Child/ per camp	Second Child/ Discount rate
Makeup and Special FX Camp (rising 6th-9th) July 22-26 (half day)	Full Day Camp	\$410.00	\$380.00
	Half Day Camp	\$325.00	\$295.00
If applicable Second Child's Name: Age: Rising Grade (Sept 2024):	Refund and Cancellation Policy: Full refunds will be given for cancellations made prior to May 15, 2024. No tuition refunds will be made after May 15, 2024. Full refund only if camp is cancelled by Village School. Make checks payable to: Village School		
Second Child's camp selection(s):	Mail check along with completed application to: Village School 215 East High Street Charlottesville, VA 22902 Or email a scanned copy to		
	office@villageschool.us		

PayPal available on website

Village School Summer Camp for Girls 2024

Child's Name:				
School:	Age:	Grade (Sept 2024):		
Second Childs Name (If applicable):				
School:	Age:	Grade (Sept 2024):		
Parents Names:				
Email:				
Mailing Address:				
Home Phone: Cell Phone				
Person to contact if parent can't be reached: Name	Relationship t	o Child		
Home Phone: Cell Phone:		Work Phone		
Emergency Authorization and Consent				
Physician's Name:	Office Address:			
		Hospital of Choice:		
Indicate any significant health history that requires spec				
Please list any allergies:				
 My child (children) has my permission to attend ar School summer program. 	nd participate in all fi	eld trips which are part of her Village		
 I grant my expressed permission for Village Schoo named child (children) on any press or media relea website www.villageschool.us. No names will be p 	ses (newspaper artic			
 I agree to hold harmless and indemnify the school while she is enrolled in the Village School summer 		any injuries to my child (children)		
 My child (children) will receive instruction, guidar statement of purpose and values. 	nce and encourageme	ent in keeping with Village School's		
 Village School reserves the right to dismiss any ch harmony with school standards. 	ild who in conduct, i	ndustry, or progress proves not in		
 I understand that no tuition refunds will be made as School. 	fter May 15, 2020 ur	nless camp is cancelled by Village		
I, have read and agree to the above guidelines. I do hereb	_, the parent/guardian	n of,		
through its authorized agents, attorney in fact for us in	our name, place, and	stead to exercise, do, or perform any		
act, right, power, duty, or obligation whatsoever I have any necessary medical attention or treatment determine our child, on an emergence our child, including, but not by way of limitation, the procedures and hospitalization that may in the discretion be determined to be necessary as emergency care and/o	d by a medical doctor by basis, to protect an ower, authority, and on of Village School,	or to be necessary to be administered to ad maintain the health and well-being or right to authorize any and all surgical		
Signature of parent or guardian		date		