



2025 SUMMER CAMP

Little Seedlings Academy Summer Camp is open for children ages 3-8. Space is limited. The camps are split into eight, three day per week sessions. Camp hours will be 9am-3pm. Extended care will not be available. Please plan to send a snack and lunch with your child. If camp is serving snack or lunch we will communicate this with you prior to that day. Price is per camper per session. Payment is non-refundable and due at registration. Payment can be made via cash, check, or credit card. Missouri Subsidy is accepted. Please notify the director if you will be utilizing subsidy as your form of payment. Deadline to register for camp is May 31st. Please complete all information below to the best of your ability.

Camper Information

Camper Name: _____ DOB: _____

Camper Name: _____ DOB: _____

Camper Name: _____ DOB: _____

If you need more lines... God bless you. Just flip the page over and keep writing.

Parent Information

Mother's Name: Phone: _____

Father's Name: Phone: _____

Email Address: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Select Camp(s) Below:

- Disney's: A Bugs Life Week** - June 10th-11th-12th (\$125)
- Safari Week** - June 17th-18th-19th (\$125)
- Disney's: Monsters Inc. Week** - June 24th-25th-26th (\$125)
- Shark Week** - July 8th-9th-10th (\$125)
- Disney's: Cars Week** - July 15th-16th-17th (\$125)
- Christmas in July Week** - July 22nd-23rd-24th (\$125)
- Inventors Week** - August 5th-6th-7th (\$125)
- Sensory Science Week** - August 12th-13th-15th (\$125)

Campers will be divided by age groupings. Activities for each camp will be tailored to both boys and girls and individual age groupings. All children in attendance must be potty trained.

Allergies or medical concerns: _____

Authorized Pick Up:

Name & Relationship: _____ Phone: _____

Name & Relationship: _____ Phone: _____

Legal Agreement:

Release: In the case of an emergency where I cannot be reached, I authorize Little Seedlings Academy to obtain whatever medical treatment is deemed necessary for the welfare of my child(ren). I hereby release, indemnify and hold harmless Little Seedlings Academy and their staff and any volunteers from any and all claims arising out of injury to my child.

Parent Signature: _____ **Date:** _____

Office Use:

No. of Campers: _____ No. of Weeks: _____ Amt. Due: _____

Date Paid: _____ Check number: _____ / _____ Cash / _____ Credit Card (inv. #: _____)