



2023 Summer Camp Registration

Camper Information

Last Name:		First Name:		Middle Name:	
Home Address:					
Age:		Date of Birth (mm/dd/yyyy):		Gender:	
School:		Grade:	<input type="checkbox"/> New Camper		<input type="checkbox"/> Returning Camper

Parent/Guardian Information

Name (Last,First,Middle)	Phone	Email	Relationship to Camper

Camp Locations

- 3580 Old Alabama Rd, Alpharetta, GA 30022 189A Sams street, Decatur, GA 30030

Camp Sessions

Please ✓	Sessions & Dates (8:30 AM - 3:00 PM)	Early Care (7:30 AM – 8:30 AM)	After-hours Care (3:00 PM – 6:00 PM)
<input type="checkbox"/>	Session I June 5 – June 9	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Session II June 12 – June 16	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Session III June 19 – June 23	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Session IV June 26 – June 30	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Session V July 3 – July 7	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Session VI July 10 – July 14	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Session VII July 17 – July 21	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Session VIII July 24 – July 28	<input type="checkbox"/>	<input type="checkbox"/>

Tuition & Fees:

Tuition: \$350/session. Early care: \$50/week. After-hours care: \$80/week or \$20/day. Registration Fee: \$65.

Total tuition & fees: _____ **Check #** _____

I waive any right to claim against Maylan International Academy owners, staff, teachers in the event of accident, injury, or loss of personal items and hereby give permission to the same to obtain medical services for my child in the event of a medical emergency or injury. I grant to Maylan International Academy, its representatives and employees, the right to take pictures, video, or audio recordings of my child and to copyright, publish, and use the same, with or without my child's name, in print or electronic form for purposes such as publicity, advertising, illustration, or web content.

Signature: _____ **Date:** _____

Persons to contact in case of emergency when parents/guardians cannot be reached:

Name (Last,First,Middle)	Phone	Email	Relationship to Camper