

WESTERN HILLS ACADEMY

Monday - Friday
8:30 am - 12:00 pm
Offered at \$150 per week
with an additional \$10 supply fee
The camp will be led by
Mrs. Cuevas & Miss Angel
with new teachers each
week for each event.

WEEK 1 - ART



WEEK 2 - STEM



WEEK 3 - READING



SUMMER CAMP

WEEK 4 - VBS



DISCLAIMER: PLEASE NOTE THAT SUPPLY FEES AND PREPAID WEEKS ARE NON-REFUNDABLE. HOWEVER, CANCELLATIONS WITH AT LEAST TWO WEEKS' NOTICE MAY QUALIFY FOR A 50% CREDIT TOWARDS THE FOLLOWING SCHOOL YEAR (2024-25). ADDITIONALLY, A DISCOUNT WILL BE PROVIDED IF THE REGISTRATION FEE IS PAID IN FULL (EXCLUDING BEFORE OR AFTERCARE SERVICES). WE APPRECIATE YOUR UNDERSTANDING AND COOPERATION. ADDITIONALLY, THE VOLLEYBALL CAMP WILL REQUIRE A TWO WEEK COMMITMENT.

WEEK 5 - BASKETBALL



WEEK 6 - COOKING



WEEK 5 & 6 - VOLLEYBALL





E-mail completed form to: admissions@westernhillsacademy.org

**Western Hills Academy
Elementary Camps
2024 Summer Registration**

Today's Date

Entering Kindergarten through 5th grade, We are excited to offer our services into the Summer months! There will be a weekly supply fee of \$10 per week for the 2024 Summer Session. Supply fees are due at the time of registration. Registration for Summer Session closes April 30th.

Last Name

First Name

M.I.

Birth Date

E-mail Address

Your child's 2023-24 Teacher

Current age

Summer Camp Session Information

Daily Hours, Monday - Friday 8:30am-12:00pm unless otherwise noted
Each week is \$150. No lunch provided. You will be billed every Friday for the next weeks camp. Payment is due every Monday morning. Please select the weeks and themes below you will be attending.

WHA Weeks Selection

June 3rd - Art with Mrs. Cardona

June 10th - STEM with Mrs. Cuevas

June 17th - Reading with Mrs. Ramirez

July 1st - Basketball with Mrs. Cuevas & Angel- CLOSED 7/4 & 7/5
(Entering Kinder and up)

July 8th- Cooking with Mrs. Davie (8:30 am -12 pm)

July 8th - July 19th 2 week Volleyball with Miss Valeria
(Entering 3rd grade and up)

July 15th- Entering Kinder - 3rd grade camp, Theme TBD

June 24th week, VBS Camp with WHUMC

interested

not interested

Current Residence Information

Street Address

Street Address Line 2

City

State

Zip Code

Cell Phone Number

Parent/Guardian Residence Information

(if different from above)

Street Address

Street Address Line 2

City

State

Zip Code

Emergency Contact 1

Last Name

First Name

Primary Phone Number

Secondary Phone Number

Emergency Contact 2

Last Name

First Name

Primary Phone Number

Secondary Phone Number

Physician and Medical Information

Physician Name

Primary Phone Number

Preferred Hospital

Please list any of the following: Current medications, medication allergies, food allergies, or chronic health concerns.

Notes

Please inform the office of any other vital information you think we may need to know in the event of an emergency. Thank you.

Any notes or special requests (we will do our best to accommodate)

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Parent Signature