



Name _____ Age _____

Address _____

Parent/Guardian _____

Email _____

Phone 1 _____ Phone 2 _____

How did you hear about us? _____

PAYMENT METHOD

___ Check (payable to LATV)

___ Visa ___ Mastercard

Name on Card _____

Card # _____

CVC# _____ Expiration _____

Signature _____

There are no credits or refunds after payment has been received. There are no balances carried for summer camp dates.

AUGUST CAMP DATES

Please circle the days your child will be attending camp.

Monday	Tuesday	Wednesday	Thursday	Friday
	1	2	3	4
7	8	9	10	11
14	15	16	17	18
21	22	23	24	25

Camp Hours

7:30 – 5:30 Monday-Friday

Preregistration

\$40/day

Drop-ins

\$45/day

All payments are due at drop-off.

A \$5 fee will apply for all unpaid drop-offs.

Total Number of Days _____

Total Amount Due \$ _____

The Learning Academy of Teton Valley

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