

2024 SUMMER AT LEARNING SPRINGS ACADEMY

AGES 4 - 11

An inclusive program for children
of all abilities.

- Highly skilled staff
 - Weekly themes
 - Social Skills
 - Water play
 - Cooking
 - Art
 - Science
- Cost is \$600 per session or \$150 per day
 - Free registration until May 1st. After May 1st, \$50/child.
 - Flexibility to meet your busy schedule.

Hours: 9:00 AM - 5:00 PM

1774 Foxworthy Ave., Bldg. 1
San Jose , CA 95124

FUN



CREATIVE



PLAY



408-979-9769

www.learningspringsacademy.com



2024 Summer at
Learning Springs
Academy

Ages 4 - 11

Registration Form

Learning Springs' inclusive summer camp program is unique from others by incorporating children with special needs and neurotypical children in an inclusive play environment ensuring that all our campers grow together and learn from each other. Campers with special needs can come to camp with speech devices and other tools to help them with social interactions.

Please print legibly.

Camper's Name: _____ DOB: _____

Fees: Individual days (minimum of 3 days /week) - \$150/day. Weekly rate: \$600/week

For individual days, please circle those days for the session(s) for which you are registering.

Week	Dates	Theme	Days/Week	Payment Due
1	June 11 – 14	The Vast Ocean	T W Th F	6/3/24
2	June 17 & 18; June 20 & 21	Sports & Games	M T Th F	
3	June 24 -28	The Outer Limits	M T W Th F	6/28/24
4	July 1 – 3, 5 (closed 7/4)	The Great Outdoors	M T W F	
5	July 8 – 12	Theater Works	M T W Th F	
6	July 15 – 19	Top Chefs	M T W Th F	7/19/24
7	July 22 – 26	Build It!	M T W Th F	
8	July 29 – Aug. 2	Young Picassos	M T W Th F	

Daily Schedule

Time	Activity
9:00 -9:15	Arrival/Morning Stations
9:15– 9:45	Attendance/Check-in/ Morning Circle
9:45 – 10:15	Theme focused activities
10:15 – 11:00	Snack and Outdoor Play
11:00 – 11:15	Social Skills
11:15 – 12:00	Theme focused activities
12:00 – 1:00	Lunch and Recess
1:00 – 2:00	Theme focused activities
2:00 – 3:30	Water play (M/F)/ Art Workshop (T/TH)/ Cooking (W)
3:30 – 4:00	Snack and Outdoor Play
4:00- 5:00	Peer play/Quiet activities/Get ready to go home

2024 Summer at Learning Springs Academy

An Inclusive Summer Camp

Parental Consent Form

Camper's Name: _____ DOB: _____

In the event of any illness or injury, I hereby consent to any necessary medical and hospital care for the student's safety and welfare. I/We understand that the resulting expenses will be the responsibility of the parent/guardian and not that of Learning Springs Academy, Inc.

I/We understand that if the staff deems a child's behavior disruptive the parent(s) will pick up the child immediately. No refund or prorating will be given in such cases, including if a child is asked to leave the program due to behavior.

I /We understand that children may be photographed as part of class projects, summer activities, and special events. These photographs may appear in publications, materials related to Learning Springs Academy (LSA), or on the LSA website, Facebook page, or Instagram. Please notify the school office in writing if you do not want your child to be photographed.

I/We also agree to release and hold harmless Learning Springs Academy, Inc. and its employees from liability for any accident, injury, illness, or death sustained by the above student in connection with or while participating in the summer camp program.

My /Our child has my/our permission to watch PG-rated movies.

Important Guidelines and Policies

1. **No refunds or credits:** Once registration is submitted, no credits or refunds can be issued.
2. **Schedule changes:** Any changes to times, days, or weeks require prior approval by the Director and may not be possible once registration is submitted.
3. **Daily essentials:** Participants are required to bring/wear the following daily items: sneakers, bag lunch, water bottle, snack, and sunblock.
4. **Water play days (Monday/Friday):** On designated water play days, participants must bring a towel, swimsuit or water clothes, water shoes (no bare feet/flip flops), and a change of clothing to participate. Students should be able to change clothing independently.
5. **Footwear policy:** All shoes/sandals must have covered toes and backs. Flip flops, slides, zories, etc., are not permitted. Tennis shoes are preferred.
6. **Late Payment Fee:** A late payment fee of \$20 will be applied to both summer camp fees and/or BT fees if payment is secured after the due date.

Additional Guidelines and Policies:

1. **Pick-up times:** Families may select their pick-up times based on their needs. Please inform the staff in advance.
2. **Program change:** Themes are subject to change without prior notice.
3. **Cancellation policy:** Camps may be canceled due to low enrollment. In such cases, a credit for another camp or a refund may be issued.
4. **Behavior Therapists (BT) fees:** Families with campers receiving Behavior Therapist services will be billed to the hourly BT fees.

- 5. **Late pick-up fees:** Late pick-up fees apply at \$1 per minute for up to the first 15 minutes late. After that, the fee increases to \$5 per minute.
- 6. **For questions:** Please contact our Assistant Director at MNADELL@LEARNINGSPRINGSACADEMY.COM.

Parent/Guardian#1 printed name/Signature Date

Parent/Guardian#2 printed name/Signature Date



LEARNING SPRINGS ACADEMY

www.learningspringsacademy.com

info@learningspringsacademy.com

**2024 SUMMER CAMP ENROLLMENT FORM
(For students not currently enrolled at LSA)**

Please print legibly.

Child's Name: _____ Address: _____ City & Zip: _____	Grade in Fall '24 _____ Age: _____ Birthdate: _____
	Child lives with: <input type="checkbox"/> Parent1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Both <input type="checkbox"/> Guardian
Parent #1 Name: _____ Address: _____ City & Zip: _____	Cell Phone: _____ Email: _____
Parent #2 Name: _____ Address: _____ City & Zip: _____	Cell Phone: _____ Email : _____
Please list authorized adults permitted to pick up your child (only those listed will be allowed to take your child). Persons picking up your child will be asked to show ID. These persons may also be called in case of an emergency.	
Name: _____	Phone Number: _____
Name: _____	Phone Number: _____
Name: _____	Phone Number: _____

Please let us know about your child's general health, food restrictions, **food/medication allergies**, current medications or any other information about your child. **Learning Springs is a nut free school.**

Child's Doctor: _____	Doctor's Phone: _____
Child's Dentist: _____	Dentist's Phone: _____
Insurance Company: _____	Policy Number: _____

Parent #1 Signature/Printed name _____
Date

Parent #2 Signature/Printed name _____
Date

Director's Signature _____
Date

Office use only: Date received: _____