

2025 DTES Summer Camp: The Innovation Station

Please checkmark the weeks your child will participate in summer camp. Please remember you will be responsible for paying for the weeks you mark. Space is limited; we are only taking 75 students per week.

Please do not register for all weeks just to hold a space. Only register for weeks needed.

Camper's Name: _____

Registration Per Child (includes one camp shirt and one camp bag)	\$60.00		
Extra Shirt- Must be paid with Registration (<i>Shirts are required to be worn on each field trip for safety – we have 1-3 trips every week</i>)	\$10.00	3-Day (M, W, F)	
Week 1 June 2nd - June 6 th Color Wars	\$200	\$120	
Week 2 June 9 th - June 13 th Mission Impossible	\$200	\$120	
Week 3 June 16 th -18 th Master Chef* Camp Closed June 19th & 20th	\$120		
Week 4 June 23 rd -27 th Movie Making Mania	\$200	\$120	Wild Adventures activity fee\$30
CLOSED* June 30th-5th – NO CAMP_			
Week 5 July 7 th - July 11 th Holiday Hoopla	\$200	\$120	
Week 6 July 14 th - July 18 th Science Beyond the Stars	\$200	\$120	Shipwreck activity fee\$30
Week 7 July 21 st -July 25 th Inventors Workshop	\$200	\$120	
CLOSED July 28th- August 1st – NO CAMP-			

My Child will attend out of town field trips: YES ☐ NO ☐

My Child will attend pool field trips: YES ☐ NO

PLEASE READ BEFORE COMMITTING!

I understand that if I need to cancel any of the weeks marked above, I must notify the camp director by Monday, May 12th, 2025. If I cancel any of the weeks I registered for after May 12th, 2025, I will forfeit my registration fee and have to re-register in order to return to the camp.

Any fees not paid will remain on students LCS account until paid.

Parents, please know that we understand that there are circumstances and conditions that are beyond your control that will not allow your child to attend summer camp. In the event a circumstance arises, please schedule a time to discuss the matter with us. It will then be to our discretion to waive the fees upon county approval. Otherwise, you will be held responsible for the weeks you register.

Desoto Trail Elementary EDEP Summer Camp

INNOVATION STATION

PLEASE WRITE LEGIBLY (PRINT) AND COMPLETE FORM

Child's Name _____ Birthdate: ____/____/____ Age: ____

Race: _____ Gender: Male Female Grade Entering 2025-2026: _____

School Child Attends: _____

Shirt Size (*please circle*): Youth Small 6-8 | Youth Med. 10-12 | Youth Lg. 14-16 | Adult Small

Please verify your child's size we will not be able to change sizes once order is complete

Please write clearly

Father's/Guardian Name _____

Home Address: _____ City/State _____

Employer: _____ Work #: _____ Cell#: _____

Home Phone: _____ E-Mail Address: _____

Mother's/Guardian Name: _____

Home Address: _____ City/State _____

Employer: _____ Work #: _____ Cell#: _____

Home Phone: _____ E-Mail Address: _____

Please write the name of the person(s) you will allow to be an emergency contact or to pick-up your child

Emergency Contact other than above:

Name	Day Phone	Relationship to the child

Please list any medication, allergies or limitations requiring special attention i.e. Ritalin, food allergies, ant/bee stings:

Does your child have any special needs that we should be aware of? YES / NO

If yes, please state the need or condition _____

My child may be in photographs or video taken during camp for displays, articles and promotion YES / NO

I have fully read and understand the policies and information outlined in the Summer Camp Program Packet.

I have watched the Summer Camp video which covers important information about camp:

YES ☐ NO ☐

Parent Signature: _____ Date: _____