

Canton Academy Summer Camp 2025

Canton Academy will offer Summer Camp for enrolled students that turn 4 by July 1st through students entering 6th grade. Children will participate in a variety of activities. Plans are underway to provide children with a host of fun activities, field trips, water days, and educational activities. Spaces will be limited this year, so register soon!

Students must bring their own lunches. Snacks will be provided.

Location: Canton Academy Elementary

Dates: Tuesday, May 27 through Friday, July 25 (NO CAMP JUNE 30-JULY 4)

Times: 7:15am-6pm

Registration fee: \$75 (Non-refundable; due upon registration to hold opening)

Activity fee: \$250 (Covers snacks, supplies, water days, and field trips.) Children attending 3 or more days per week are required to pay this fee. This must be paid by the first day of camp, May 27.

Summer Camp tuition can be paid weekly each Monday OR in full by the first day of camp. Refer to the chart below. Drop-in fee is due each day of attendance.

| Plans | Weekly Cost Due each Monday | Total Cost (Due by the first day of camp) |
|---------------|--------------------------------|---|
| 5 days a week | \$165 | \$1,485 |
| 3 days a week | \$130 | \$1,170 |
| Drop-in fee | \$50 (due each day) | |

** *All 5 days a week and 3 days a week plans are required to pay the full weekly amounts regardless of attendance. No adjustments will be made for days or weeks not attended due to illness, vacations, etc.

Canton Academy Summer Camp Financial Agreement 2025

In this agreement, made and entered into at Canton, MS on _____, 2025 by _____ hereinafter referred to as "Parent," and Canton Academic Foundation, Inc., a Mississippi Corporation, hereinafter referred to as "Foundation," the said parties do hereby agree to the following:

Parent has enrolled in the Canton Academy Summer Camp, a program operated by the Foundation in Canton, MS, the following named child/children for the 2025 summer session.

| | Name of Child | Age | Total Days Per Week Fee | Activity Fee | Registration Fee | Total Due |
|---|---------------|-----|-------------------------|--------------|------------------|-----------|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |

Payment plan:

_____ I will pay the entire summer payment in the amount of \$ _____ due on May 27, 2025.

_____ I will pay weekly in the amount of \$ _____ due each Monday.

If my account is two weeks past due, my child/children will not be allowed to attend Summer Camp until the past due balance is paid in full. There will be a \$30 fee on all returned checks.

It is further agreed that in the event Parent defaults in the payments stipulated herein, the Parents shall be liable for all cost of collection, including attorney's fees incurred by Foundation. The drawers and endorsers separately waive presentment for payment, protest, and notice of protest for nonpayment of the notice or any installment thereof.

Parent's signature

Date

Summer Camp Emergency Form 2025

Child's Name _____

Date of birth _____ Age _____ Grade completed _____

Address _____

Home Phone Number _____

Mother's Name _____

Cell # _____ Work # _____

Father's Name _____

Cell # _____ Work # _____

Person to contact in case of emergency _____

Phone # _____

Persons who have permission to sign my child out

_____ Phone # _____

_____ Phone # _____

_____ Phone # _____

_____ Phone # _____

_____ Phone # _____

(Use the back to list additional names if needed.)

Please list any allergies (medicine or food) your child has _____

Please list any medications that your child will need to take _____

Child's Physician and phone # _____

Canton Academy Summer Camp
Field Trip and Activity Consent, Waiver, and Release Form

Canton Academy Summer Camp provides its students with many various field trips and activities to enrich their summer. In signing this form, you are authorizing your child to participate in these activities and field trips and agreeing to the following:

1. These activities will take place on Canton Academy campus, as well as off-site locations.
2. My child will be under the supervision of Canton Academy Summer Camp employees.
3. My child will be required to follow all applicable rules, laws, and instructions regarding travel.
4. My child is to behave responsibly and respectfully, following rules and policies provided by the summer camp leaders.
5. Summer Camp employees will do everything possible to prevent any accidents. However, some activities involve inherent risks regardless of safety measures taken.
6. As parent or guardian, I am responsible for any loss, damage, or injury to my child.
7. I for myself, my child, my child's other parent/guardian(s) hereby agree to release, discharge, indemnify and hold harmless Canton Academy from any claims of liability, damage, or injury that may occur from my child's participation in Canton Academy Summer Camp activities.
8. In the event of an emergency, injury or illness and I cannot be contacted, the summer camp leaders may act on my behalf and at my expense in obtaining medical treatment for my child. I further agree that I release Canton Academy from any claim whatsoever that might arise on account of any such medical treatment.
9. Any information concerning any medial or physical conditions or medications of my child shall be disclosed to the summer camp director immediately.

I authorize my son/daughter, _____, to attend and participate in any and all Canton Academy Summer Camp activities and field trips. I understand that I may receive additional information from the summer camp director setting forth specific details in advance of particular field trips.

Parent or Guardian's Signature

Parent or Guardian's Name (please print)

Date