



Oak Hill Academy

Summer Programs 2018



*Use the below form to **select all** of the Oak Hill Academy Summer Programs you would like to REGISTER for, and submit it to the office by **May 18, 2018**.

Please refer to the "Summer Program" page for details on each program and the session time schedule for each week.

Camp Oak Hill - (Separate Registration Required)

		Session \$ Total
<input type="checkbox"/> <u>First Grade Skills</u> \$300 (2 weeks)	<input type="checkbox"/> <u>Summer Painting Camp 1</u> \$165	<input type="checkbox"/> <u>Tennis Camp 1</u> \$150
<input type="checkbox"/> <u>International Chefs & Bakers</u> \$300 (8-11 am)	<input type="checkbox"/> <u>"Lights Up: Putting on a Play"</u> Session A: \$225 Session B: \$225 (\$200 if attended A) (both sessions run from 8:30 – 11am)	<input type="checkbox"/> <u>Second Grade Skills</u> \$200
<input type="checkbox"/> <u>Math Skills Review Course</u> \$400 (8am-12pm) (7/30-8/2)		\$
<input type="checkbox"/> <u>Let's Clay Around</u> \$165	<input type="checkbox"/> <u>Singapore Math Enrichment</u> \$300 (2 weeks)	<input type="checkbox"/> <u>Tennis Camp 2</u> \$150
<input type="checkbox"/> <u>Supervised Break</u> \$15 (11-11:30 am)	<input type="checkbox"/> <u>Basketball Camp</u> \$195 (11am – 1pm)	\$
<input type="checkbox"/> <u>Crafts That Rock!</u> \$165	<input type="checkbox"/> <u>Maker Camp</u> \$250	<input type="checkbox"/> <u>I ♥ Reading</u> \$200
<input type="checkbox"/> <u>Disney Musicals</u> \$150	<input type="checkbox"/> <u>4th Grade Math Skills</u> \$200	\$
<input type="checkbox"/> <u>Lego Camp</u> \$150	<input type="checkbox"/> <u>Summer Painting Camp 2</u> \$165	<input type="checkbox"/> <u>ST Math</u> \$200
<input type="checkbox"/> <u>Science Explorations</u> \$300	<input type="checkbox"/> <u>Puppetry Camp</u> \$165	\$
Please make all checks payable to: "<u>Oak Hill Academy</u>"	TOTAL	\$

Name of Camper: _____ Email: _____

Address _____ City _____ State _____

Emergency Contact: _____ Emergency Number: _____

Grade in September '18: _____ Birth date (MM-DD-YYYY): _____

Allergies: _____ Medications: _____

Camper's Doctor _____ Phone # _____

I certify that the above camper is in good physical condition and may take part in OAK HILL ACADEMY'S SUMMER PROGRAMS. I also hereby authorize the Oak Hill Academy Summer program staff to act for me according to their best judgment in any emergency requiring medical attention.

Parent / Guardian Signature _____ Date _____

If you have any questions, please contact the director of the particular summer program.

Refund Policy

No program refunds to students who cancel within 14 days of the program start date.

Oak Hill Academy reserves the right to cancel a summer camp/course if enrollment minimums are not met for a Full refund.