

Centerpoint Summer Camp 2026

REGISTRATION FORM

Child's Name

First

Last

Nickname?

Date Of Birth

M	M	D	D	Y	Y	Y	Y

Any Known Allergies? Yes ☐ No ☐

if Yes, please update the Preschool Office

Address

Parent/
Guardian
Name(s)

E-Mail

Phone

Summer Camp Daily Rate

Camp only 9am - 12pm: **\$40**

Extended Care (option 1) 9am - 4pm: **\$65**

Extended Care (option 2) 9am - 5pm: **\$70**

(Camp & LunchBunch is Included in ExtendedCare)

Children registered
for 5 days a week get
\$10 OFF!

Add ons:

Breakfast Club 7-9am: **\$12**

Lunch Bunch 12-1pm: **\$12**

(LunchBunch is Included in ExtendedCare)



For Office Use Only

payment _____

Brightwheel: _____ Enrolled _____

Amount of days: _____

HR: _____

New Student _____

Please check the box indicating your selection for the day and enter your total

Total # days

Total amount owed

Child's Name:

7/27-7/31

Session 9:

Mud, Mess, Mayhem!

Total Days

Days of the Week:

M

T

W

TH

F

Camp (9am - 12am)						
Extended care (9am-4pm)						
Extended care (9am-5pm)						
* Breakfast Club (7am - 9am)						
* LunchBunch (12-1pm)						

☐ 5 Day Discount

TOTAL \$

8/3-8/7

Session 10:

Make a Joyful Noise!

Total Days

Days of the Week:

M

T

W

TH

F

Camp (9am - 12am)						
Extended care (9am-4pm)						
Extended care (9am-5pm)						
* Breakfast Club (7am - 9am)						
* LunchBunch (12-1pm)						

☐ 5 Day Discount

TOTAL \$

8/10-8/14

Session 11:

Transportation Station:
Wheels, Wings & Things

Total Days

Days of the Week:

M

T

W

TH

F

Camp (9am - 12am)						
Extended care (9am-4pm)						
Extended care (9am-5pm)						
* Breakfast Club (7am - 9am)						
* LunchBunch (12-1pm)						

☐ 5 Day Discount

TOTAL \$

8/24-8/28

Session 12:

Summer Fun Finale!

Total Days

Days of the Week:

M

T

W

TH

F

Camp (9am - 12am)						
Extended care (9am-4pm)						
Extended care (9am-5pm)						
* Breakfast Club (7am - 9am)						
* LunchBunch (12-1pm)						

☐ 5 Day Discount

TOTAL \$

*Breakfast Priced separately

*LunchBunch Is Included with Extended Care



Please check the box indicating your selection for the day and enter your total

Total # days

Total amount owed

Child's Name: _____

8/31 - 9/2 Session 13: "Splash Zone"

Total Days

Days of the Week:

M

T

W

TH

F

Camp (9am - 12am)						
Extended care (9am-4pm)				NO	NO	
Extended care (9am-5pm)				CAMP	CAMP	
* Breakfast Club (7am - 9am)						
* LunchBunch (12-1pm)						
☐ 5 Day Discount						TOTAL \$

*Breakfast Priced separately

*LunchBunch Is Included with Extended Care

