SUMMER IMPRESSIONS* 2025 CAMP APPLICATION

25000 W. 10 Mile Road, Southfield, MI 48033 248-357-1740

Child's Name:	Birth Date:			
Address:	City:	Zip:		
Mother's Name:	Father's Name:			
Mother's Employer:	Father's Employer:			
Mother's Cell Phone:	Father's Cell Phone:			
Mother's Driver's License:	Father's Driver's License	e:		
Mother's Social Security:	Father's Social Security:			
Mother's Email:	Father's Email:			
Has your child had previous camp or school experience?				
What grade has your child just completed this school year?				
Does your child have any allergies we should know about?				
Is there any additional information (medical or other) that wo	uld help us take better ca	re of your child?		
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Terms and conditions:				
I/We give permission for my child to participate in all camp at fee payable to Early Impressions, 25000 West Ten Mile Road there is a \$50 deposit that applies toward tuition. I further agreeposit for each session selected, and all prepaid camp tuitic refundable and non-transferable for any reason whatsoever communicable diseases, vacation, withdrawal, holidays, or a	d, Southfield, MI 48033. In ree and understand that t on fees, specialty camp fo including but not limited to	n addition, for each session selected this \$100 registration fee and \$50 ees, and special lessons are nono absences due to illness, surgery,		
It is understood that, at its sole discretion, L & A Educational Services, Inc. has the right to request withdrawal of any child from the program for any reason, at the sole discretion of the Camp's director, at any time.				
Upon submitting this signed application, the parent(s)/g number of weeks registered for regardless of the child's parent agrees that he/she is also acting as an agent of the lt is important to note that anyone who signs this application agree to the above-stated terms and conditions.	attendance. If only one ne other parent with aut	parent signs this agreement, that hority to enroll the child at camp.		
Signature :				
Parent or Legal Guardian				
Signature :				
Parent or Legal Guardian				

L & A EDUCATIONAL SERVICES, INC.* WAIVER OF LIABILITY

In consideration of being allowed to participate in any party and/or program of L & A Educational Services, Inc.* the undersigned, on his or her behalf and on behalf of the participant(s) identified on this application, acknowledges, appreciates, and agrees to the following conditions:

I represent that I am the parent or legal guardian of the participant listed below, or I/We have obtained permission for the parent/legal guardian of the participant below to execute this agreement on their behalf. I/We further grant permission for the participant listed below to participate in the activities of the program including but not limited to swimming pool activities when conducted.

The risk of injury to participant(s) may exist in this program and which particular rules, equipment and personal discipline may reduce the risk, the risk cannot be completely eliminated, and injury is possible.

I knowingly and freely assume all such risks, both known and unknown, ever if arising from the negligence of the releases or others and assume full responsibility for my participation.

I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release, indemnify and hold harmless L & A Educational Services, Inc.* their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premise used to conduct the event ("releasees"), with respect to any and all injury, disability, death, or loss or damage to personal property, whether arising from the negligence of the releasees or otherwise, to the fullest extent permitted under law.

I/We hereby grant permission for the use of my child's name, <u>photograph</u> and/or video in the media (ex: electronic media, area newspapers, magazines, brochures, advertising, radio, or television stations, etc.). I release Early Impressions and/or Summer Impressions Camp, its employees, and agents from any and all claims which might arise from or in connection with the publication and use of said photograph/s and/or name as described in this application.

I/We hereby grant permission to secure emergency medical treatment for the child/ren on this application, if required, when the parent(s)/guardian and /or emergency contacts cannot be reached.

I/We have read this release of liability, assumption of risk, and indemnity agreement fully and understand its terms and understand that I have given up substantial rights by signing it and sign it freely and voluntarily without any inducement.

Parent/Guardian's Signature	
Additional Parent/Guardian's Signature	Date
Address (Please Print)	
City/State/Zip	
EMERGENCY PHONE NUMBER	

^{*}Early Impressions & Summer Impressions are registered assumed names of L & A Educational Services, Inc.

SUMMER IMPRESSIONS 2025 CAMP SCHEDULE

Camper's Name:	Birthday:	Age:

Each session is two weeks long. Please **X** each day your child will attend.

Payment for each two-week session is required before each session begins.

Please circle session number if attending 4 or 5 full days.

Session 1	Monday	Tuesday	Wednesday	Thursday	Friday
	June 16	June 17	June 18	June 19	June 20
	Monday	Tuesday	Wednesday	Thursday	Friday
	June 23	June 24	June 25	June 26	June 27
Session 2	Monday June 30	Tuesday July 1	Wednesday July 2	Thursday July 3 camp closed	Friday July 4 camp closed
	Monday July 7	Tuesday July 8	Wednesday July 9	Thursday July 10	Friday July 11
Session 3	Monday	Tuesday	Wednesday	Thursday	Friday
	July 14	July 15	July 16	July 17	July 18
	Monday	Tuesday	Wednesday	Thursday	Friday
	July 21	July 22	July 23	July 24	July 25
Session 4	Monday	Tuesday	Wednesday	Thursday	Friday
	July 28	July 29	July 30	July 31	August 1
	Monday	Tuesday	Wednesday	Thursday	Friday
	August 4	August 5	August 6	August 7	August 8
Session 5	Monday	Tuesday	Wednesday	Thursday	Friday
	August 11	August 12	August 13	August 14	August 15
	Monday August 18	Tuesday August 19	Wednesday August 20	Thursday August 21	No camp

See page 2 for pricing.

<u>Summer Impressions 2025 Camp - Camp Pricing</u>

4 or 5 full days for:	4 or 5 full days for:
2 to 2 ½ years	3 to 8 years old
\$365 each week	\$355 each week
\$730 for each	\$710 for each
two-week session	two-week session

3 full days	2 – 2 1/2 years	3 full days for:	3 to 8 years
for:			
\$325 each week	\$650 for each two-week session	\$300 each week	\$600 for each two-week session

Half days available for 2 or	
3years old is \$75 for each day.	Extended Care is available.
9 am to 12:30pm	
3 days a week = \$225 each	
week.	7:30-9am and 3:30-5:00pm
week. 5 days a week = \$375 each	7:30-9am and 3:30-5:00pm
	7:30-9am and 3:30-5:00pm NO ADDITIONAL COST!

Session 1	Full payment due by	Friday	June 13th
Session 2	Full payment due by	Friday	June 27th
Session 3	Full payment due by	Friday	July 11th
Session 4	Full payment due by	Friday	July 25th
Session 5	Full payment due by	Friday	August 8th

Complimentary camp T-shirt. Check size.

X-SMALL (2 - 4)	SMALL (6 -8)	MEDIUM (10 – 12)	LARGE (14 – 16)	
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