



JUNE 3RD
JULY 19TH

7:15 AM - 5:30 PM

ENROLL BY
MAY 27TH

CLOSED
JULY
3RD - 9TH

LA PALOMA ACADEMY

SUMMER **CAMP**

REGISTRATION:

\$60 per child

\$75 per family

\$170
per week

(includes daily snacks, lunch
and two weekly field trips)

\$25 OFF
each additional
sibling
(up to 3 siblings)

Drop-in: \$65 per day

NO REFUNDS



Daily Activities

- Weekly themes
- Arts & crafts
- Sports
- Music & movement
- Academic enrichment
- Waterplay
- Funtasticks
- Get Air
- Movies
- Bowling



Please contact the front desk for more information.

Phone: (520) 825-9667 | LPAMarana
13644 N Sandario Rd., Marana, AZ 85653



Dear Parent(s)/Guardian(s)

Summer is almost here and if you're looking for the best way to keep kids active, entertained, and productive while school's out, La Paloma Summer Camp has the answer! Our summer camp is once again offering La Paloma Marana students, in grades K through 8, a program to keep learning and having fun.

The 2024 La Paloma Academy Summer Camp runs from June 3-July 19, and features daily activities and weekly themes along with arts and crafts, sports, music, academic enrichment, waterplay, Funtasticks, Get Air, movies, and bowling. Summer Camp hours will be 7:15 a.m. to 5:30 p.m., Monday-Friday, although there will be no camp July 3-9.

The weekly cost is \$170, which includes daily snacks, lunch, and two weekly field trips. Families with multiple children attending the camp will get \$25 off each additional sibling. There is a one-time registration fee of \$60 per child, \$75 per family.

The deadline for enrollment is May 27, so don't wait! Keep your children active and having fun this summer by registering them for La Paloma Marana's Summer Camp!

Sincerely,

Brendan Ewald
Program Director, Marana Campus



SUMMER CAMP REGISTRATION 2024

School Attending: ☐ Marana

Name of Student: _____ Date of Birth: ____/____/____

Parent(s) or Legal Guardian(s)

Name: _____

Address: _____

Home Phone#: (____) ____-____ Work Phone#: (____) ____-____

Email: _____

Emergency Contact: _____

Emergency Contact Phone#: (____) ____-____

Does your child have any allergies? ☐ Yes ☐ No

If yes, what are they? _____

Medical Conditions/Medications: _____

Individuals authorized to pick my children up: _____
(Identification may be requested at pick-up)

Parent/Guardian Signature: _____ Date Signed: _____

Picture Policy

I give permission to the La Paloma Academy Summer Camp program to publish any or all pictures of my child,

_____, taken during the duration and conducting of this program.

Parent/Guardian Initials: _____ Date Initialed: _____