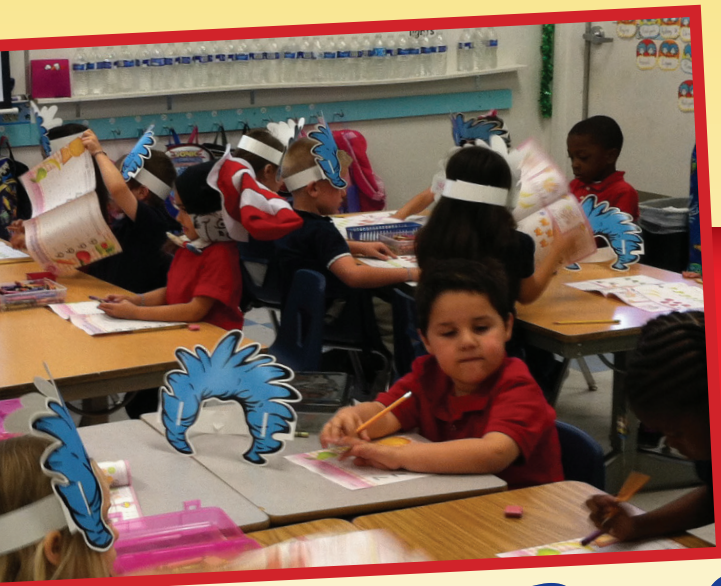




**JOIN US  
FOR LA PALOMA LAKESIDE**

# **FREE KINDER CAMP**



**SESSIONS ARE  
MONDAY-THURSDAY  
8:30 – 11:30 A.M.**

**ENROLL  
NOW!**

**REGISTRATION CLOSES  
MAY 23rd AND SPACES  
ARE FILLING UP FAST!**

**2 SESSIONS AVAILABLE:**

**➔ JUNE 1-11**

**➔ JUNE 15-25**

**This is a great way to keep students' learning skills fine-tuned and primed for the new school year.**

**FOR MORE INFORMATION OR TO REGISTER,  
PLEASE CONTACT MEGAN RODGERS AT [RODGERS@LPATUCSON.ORG](mailto:RODGERS@LPATUCSON.ORG)**



## La Paloma Academy Kinder Camp

Dear Parent(s)/Guardian(s),

Welcome to La Paloma Academy's 2026 Kinder Camp! We are so excited to have your child participate in our free program to help prepare him/her for the upcoming school year. We have developed two sessions, which will take place June 1st -11th and June 15th-25th. Students wishing to attend will need to have the attached registration documents filled out and returned to the front office by May 23, 2026.

Kinder Camp hours will be Monday-Thursday, 8:30-11:30 a.m. Please send your child with a snack and a water bottle daily. We truly want to provide the best possible education for your child at La Paloma Academy and look forward to seeing you soon! If you have any further questions about our Kinder Camp program, please contact Megan Rodgers at [rodgers@lpatucson.org](mailto:rodgers@lpatucson.org).

Sincerely,

Megan Rodgers  
Program Director – Lakeside Campus



## KINDER CAMP REGISTRATION 2026

School Attending:  Lakeside

Session(s) Requested:  Session 1: June 1 to June 11  Session 2: June 15 to June 25

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 Kinder 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: \_\_\_\_\_