

MIMI LEARNING CENTER 2025



REGISTRATION 9:00 AM - 5:00 PM

_____ 06/16 - 06/21
_____ 07/28 - 08/01
_____ 08/04 - 08/08

CAMP FEES: \$480/week

***Sibling Discount** Register a sibling & save \$20/week

*Camp fees are **non-refundable**

*Afternoon Snacks and Lunch are included in camp fees

Sign up for _____ weeks Total amount \$ _____

Deposit: \$ _____ (Non-refundable) Date Paid: _____

Camper's Information

Child's Name (Please Print): _____

Date of Birth: _____ Grade: _____ Male _____ Female _____

Address: _____

Father's Name: _____ Phone Number: _____

Mother's Name: _____ Phone Number: _____

Emergency contact: _____ Phone Number: _____

E-Mail: _____ @ _____

Allergies or any medical conditions: _____

Parent's/Guardian Signature: _____ Date: _____

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Summer Camp Registration Information:

Opening time 9:00 AM - Closing time 5:00 PM

Liability Waiver:

1. I give my permission for my child to participate in the Mimi Learning Summer Camp Program, and authorize the program director to take full charge in case of an emergency. I agree to assume financial responsibility for all expenses and bills incurred in any emergency requiring medical attention. I will not hold Mimi Learning Staff members, or volunteers liable in case of accidents or injuries that may occur in activities sponsored by Mimi Learning.
2. Tuition is due on the 1st day your child attends Summer Camp, We Accept Check, Cash, PayPal, Venmo, and Zelle. Credits will not be given if your child is absent for any reason — **non-refundable payment**.
3. It is the parent's responsibility to ensure that any items brought to Camp have the child's name on them.
4. Please pick up your child no later than 5:00 PM. Late pick-up fees may be assessed. (\$1/min)
5. Photo Release:

_____ I agree to allow Mimi Learning to take my child's photo and post it on your website.

_____ I disagree with allowing Mimi Learning to take my child's photo and post it on the website.

By affixing your name and signature below you agree that you have read and fully understood this enrollment policy and will abide by all the terms of this policy.

Parent's Name (Print): _____

(Signature): _____

Date: _____

If you are interested in our program, please fill out the application form & return it to school by May 15th, 2025. We look forward to seeing you!