

Summer Camp at CDP

Pack your sunscreen, flip flops, and swimsuits, and spend the summer CDP style!

Our theme for our four, two-week sessions this year is...

ANIMAL ADVENTURE!

This will include numerous small group activities such as visual art, cooking, and music and movement. Additionally, the outdoor activities will be plentiful!

2026 Summer Camp Sessions:

Session 1: June 1 - June 12

Pets and Farm Animals

Session 2: June 15 - June 26 (NO camp June 19th)

Jungle & Safari Animals

Session 3: June 29 - July 10 (NO Camp July 3)

Ocean Animals

Session 4: July 13- July 24

Arctic & Desert Animals



Fee Schedule

Fees are based on 2-week sessions. Current CDP students who maintain the same school-year schedule for at least four weeks of camp will continue to pay their regular school-year tuition.

Proration is limited to a maximum of one week per session, regardless of reason.

Full Day (9am - 3pm) 13 Months-Young 3's

3 days/week	\$606/Session
5 days/week	\$642/Session
Add On: Early Care (7:45-9am)	\$45/Session
Add On: After Care (3-5:30pm)	\$65/Session

Full Day (9am-3pm) Entering Pk3-Pk4

3 days/week	\$638/Session
5 days/week	\$679/Session
Add On: Early Care (7:45-9am)	\$45/Session
Add On: After Care (3-5:30pm)	\$65/Session

Drop-In Pricing

Drop-in fees are per day

Full Day (6+ hours)	\$85
Half Day (<6 hours)	\$65
Early Care (7:45-9)	\$15
After Care (3-5:30)	\$20

Early Bird registration **[BEFORE February 27]**

\$250

Standard Registration **[AFTER February 27]**

\$300

Registration Fee is NON REFUNDABLE



Your Schedule

Please check the appropriate boxes next to the schedule you would like for your child.

Full Day (9am - 3pm) 13 Months-Young 3's

<input type="radio"/>	3 days/week	\$606/Session
<input type="radio"/>	5 days/week	\$642/Session
<input type="checkbox"/>	Add On: Early Care (7:45-9am)	\$45/Session
<input type="checkbox"/>	Add On: After Care (3-5:30pm)	\$65/Session

Full Day (9am-3pm) Entering Pk3-Kindergarten

<input type="radio"/>	3 days/week	\$638/Session
<input type="radio"/>	5 days/week	\$679/Session
<input type="checkbox"/>	Add On: Early Care (7:45-9am)	\$45/Session
<input type="checkbox"/>	Add On: After Care (3-5:30pm)	\$65/Session

Please signature to affirm the following:

This is the schedule I want for my child, and I understand that any changes must be made through the office and may not be guaranteed.



Camp Payment Options 2026

All payment options, except for the single pay and the post dated check option, must be set up as automatic draft using a debit or credit card. All debit and credit cards are charged a 3% processing fee.

Please INITIAL next to the option that you are choosing.

Option 1 – Single Payment Option Debit/Credit Card Personal Check

This payment is due June 1st

Option 2 – Two Payment Option: Personal Check Debit/Credit Card

Payment 1 is due June 1st

Payment 2 is due July 1st

Option 3 – Monthly: Automatic draft by credit card or debit card is required for this option

Option 4 – Posted Dated Checks:

1 check for each session of attendance post dated for the first day of that session [6/1, 6/15, 6/29, 7/13]

All checks must be in the office by June 1st. \$50 late fee -- \$45 NSF fee along with the \$50 late fee

Card/Bank Holder Name _____

Billing Address _____

Billing Zip Code _____

Card Type Visa MC Amex Discover

Credit Card number _____

Expiration Date _____

Security Code (3 or 4 digit code) _____

Amount to Charge \$ _____

I authorize The Child Development Program (CDP) to charge or draft the agreed amount listed above to my credit card or bank account provided herein the day the invoice is sent out every month. I agree that I will pay this purchase in accordance with the issuing bank agreement.

Card/Bank Holder – Print Name, Sign and Date below

Printed Name _____

Signed _____ Date _____

Child's Name:

DOB:

Contact Information Form

Please provide contact information for the child's parents or legal guardians, two emergency contacts in case of an emergency where the child's parents or guardians cannot be reached, and the child's pediatrician.

Parent/Guardian 1

Name _____

Address _____

City, State, ZIP _____

Home Phone _____

Work Phone _____

Cell Phone _____

Parent/Guardian 2

Emergency Contact 1

Relationship

Phone

Emergency Contact 2

Relationship

Phone

Pediatrician

Phone

Child's Name:

DOB:

Medical Information Form

1. Has your child ever had the **chicken pox**? Yes No

If yes, when? _____

2. Has your child ever had any **serious illness**? Yes No

If yes, please explain.

3. Is your child currently in **vigorous health**? Yes No

If no, please explain.

4. Does your child have any **allergies**? Yes No

If yes, please list them, their reactions, and any special instructions for the staff.

5. Does your child have **asthma**? Yes No

If yes, please list any special instructions for the staff.

6. Please specify any physical conditions that might affect your child's activities or any limitations in activities recommended.

I, as my child's parent or guardian, hereby authorize CDP to secure medical care for my child in case of the inability to reach me.

Signature

Date

Child's Name:

DOB:

Transportation Form

Please list who will pick up your child on a regular basis.

Name	Phone
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Name	Phone
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Please list any other people to whom your child may be released without further notification (grandparents, nannies, babysitters, etc.). Children will not be released to someone not listed without permission from a parent.

Name	Relationship	Phone
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Name	Relationship	Phone
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Name	Relationship	Phone
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Name	Relationship	Phone
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Please list anyone to whom your child should NOT be released.

Name(s)

If you wish to make changes to this form later, please advise CDP in writing, by phone, or in person.

Child's Name:

DOB:

Permissions Form

Please indicate whether you consent to the following:

Documentation Release

I give permission for my child to be video and audio taped, photographed, and quoted, and for these images and recordings to be used in displays around school, on the internet, and in promotional material for CDP.

Walking Trips

I give permission for my child to participate in well-supervised and directed walking trips around the Broadmoor neighborhood.

Water Play

I give permission for my child to participate in well supervised water activities that may include the following:

- Playing in wading pools
- Playing with hoses and sprinklers
- Experimenting with water tables
- Using water spraying devices

This one-time authorization will remain in effect until a new authorization is signed.

Signature

Date