



Camp New Hope Registration 2025

Family Information:

Last Name: _____

Email: _____

Current Preschool Family: Yes No

Address: _____

City: _____ Zip: _____

Each Camp is \$125.00 per Camper

Camper #1 Name: _____ Camper #2 Name: _____

STEAM June 23rd-26th

STEAM June 23rd-26th

Outdoor Adventures July 14th – 17th

Outdoor Adventures July 14th – 17th

Imagination Exploration Aug 11th – 14th

Imagination Exploration Aug 11th – 14th

For More than 2 Campers – See the back of this page

Parent/Guardian Information

Primary Contact: _____ Relationship: _____

Cell Phone: _____

Secondary Contact: _____ Relationship: _____

Cell Phone: _____

Payment: \$

Total Camps Camper 1: _____

Total Camps Camper 2: _____

Total Due: _____

Total Due: _____

Total from Back _____

Grand Total for Camps Due: _____

Payment Type: Check Invoice

Office Use Only: Registration Received _____ Check or Invoice # _____
Health Forms: On file Need to Completed

All Camp Payments are due in full before the first day of camp. Camp fees are non-refundable unless the Camp has been canceled by New Hope Preschool



Camp New Hope Registration 2025

Camper #3 Name: _____ Camper #4 Name: _____

___STEAM June 23rd-26th

___STEAM June 23rd-26th

___Outdoor Adventures July 14th – 17th

___Outdoor Adventures July 14th – 17th

___Imagination Exploration Aug 11th – 14th

___Imagination Exploration Aug 11th – 14th

Payment:

Total Camps Camper 3: _____

Total Camps Camper 4: _____

Total Due: _____

Total Due: _____