NCCDC STEM Summer Camp Registration Form 2026

Registration forms can be downloaded and sent to (nccdcsummercamp@gmail.com) to reserve your child's spot for Summer Camp by 5/17/26. One registration form is required per camper. Please provide campers name in the subject line.

Child's Name:

Nickname:

Age (as of June 8th):

Date of Birth: / /

Grade completed: (must have completed kindergarten)

Address: City: State: Zip:

Guardians' Names: Main #

Email:

$200 nonrefunable deposit/actvity fee are due upon registration. $150 is due on the dates below.

Week 1: (June 8th – 12th) **Full Payment by 5/24**
Week 2: (June 15th – 19th) **Full Payment by 5/31** Week 3: (June 22nd – 26th) **Full Payment by 6/7** Week 4: (July 6th – 10th) **Full Payment by 6/21** Week 5: (July 13th – 17th) **Full Payment by 6/28** Week 6: (July 20th – 24th) **Full Payment by 7/5** Week 7: (July 27th – July 31st) **Full Payment by 7/12** Week 8: (August 3rd – 7th) **Full Payment by 7/19**

Each child will receive one NCCDC STEM Summer Camp T-shirt Please Choose T-shirt Sizes below:

Child Sizes	Adult Sizes
Small	Small
Medium	Medium
Large	Large
	X-Large

I would like to purchase a 2nd shirt for $15
Cutoff date for second shirt is 5/4/2026

The NCCDC STEM Summer Camp tuition is $150/per week. To reserve your camper's spot, a $200 nonrefunable deposit/activity fee, per camper, is required at the time of registration. **D eposit/Activity fee is due before/by 5 pm May 17, 2026. Deposit will hold campers position for the summer, cover field trips, and (1) t-shirt.**

Fees can be paid by **Paypal (@NCCDC STEM Learning Center)** Full payments must be made by Sunday (5pm), two weeks prior to the week of camp that your child will be attending. Payments can be dropped off, mailed or submitted to camp registrar.

Payment: **Paypal (@NCCDC STEM Learning Center)**

Cancellation and Refund policy: A two-week notice is required for cancellations and a refund (minus the $200 deposit/activity fee). For a cancellation after the two week notice time expired, refunds will be issued on a case by case basis. By initialing in the box to the right, you are acknowledging and accepting the NCCDC STEM Summer Camp payment and refund policy.

Guardian Initials

Assumption of Risk: I understand and recognize there are certain risks inherent with participation in Day Camp programs. I expressly acknowledge that I assume all risk for any and all injuries and illnesses, which may result from his/her participation or transportation to or from these activities. In consideration of the privilege of participation in the NCCDC STEM Summer Camp program, I hereby voluntarily release and discharge the NCCDC, agents, and employees from any and all claims for injuries, illness, death, loss or damage which my child may suffer as a result of his/her participation in these activities.

I hereby give permission to the medical personnel selected by NCCDC to order x-rays, routine tests, treatment, to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by NCCDC staff to secure and administer treatment including hospitalization, for my child. I understand that no accident or medical insurance is provided with this camp program.

I give permission to NCCDC, without limitation or obligation, to use photographs or film footage, which may include my child's image for promotional purposes, including but not limited to; fliers, advertisements, and social media. I give my consent for my child to leave the NCCDC site, participate in authorized trips and ride in authorized vehicles for the purpose of transportation in connection with the Camp Program. **Guardian Signature: Date:**

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Camp Enrollment Information and Emergency Form

Child's Name: Age: as of 6/08/26

Guardian #1 Name: Work #: Cell #:

Guardian #2 Name: Work #: Cell #:

Emergency Contact: Relationship: Phone: Camp Siblings:

Restrictions to Activities:

Please list any allergies (drug, food, or other):

Is your child currently taking medication?

If so, describe:

Physician or Clinic:

Phone:

Authorized Person(s) to pick up your child from camp (in addition to Guardians listed above): (These people must have a photo ID to pick up your child)

1.
2.
3.
4.
5.

To my knowledge, the above information is accurate. I have read and fully understand the information in the

Parent's Packet. Guardian Signature Date:

Paypal: @NCCDC STEM Learning Center