

The Harmony School of Decatur 2025 Summer Camp Registration Package



The Harmony School of Decatur (THS) campers enjoy a different theme each week as they explore, play, learn and make new friends.

5-Week Summer Camp:

2 - 5 years of age June 2, 2025 – July 3, 2025 Monday - Friday 9:00 AM - 1:00 PM (Closed for holidays June 19th and July 4th)

This summer's dates and weekly themes are as follows:

Week 1) Happy Camping – Indoor camping activities, crafts, and songs, without bugs!

Week 2) Mad Science – Enjoy fun science experiments, cool facts, and more.

Week 3) Art Camp – Time to get creative with a week full of painting, drawing, and artsy crafts. (Closed Thursday, June 19th for holiday)

Week 4) Dino Camp – This dino size week is dedicated to awesome dinosaurs!!!

Week 5) Camp Independence – Art & craft activities, singing, and dancing to ring in July 4th. (Closed Friday, July 4th for holiday)

We're gearing up for a great summer camp this year, but it will not be complete without you and your family! Join us and see what our summer adventures are all about. Register early to reserve a space!

The Harmony School of Decatur 2025 Summer Camp Registration Form

Child's Name		Birth date	Resides Wit	h
Street Address				
Parent/Guardian Name _				
Phone Numbers		_ (home)		_(cell)
E-mail Address				
Parent/Guardian Name _				
Phone Numbers		_ (home)		_(cell)
E-mail Address				
2025 Summer Camp is i as many days as you like (Closed for holiday Jun	e each week (Monday – F ne 19th and July 4th)	ne 2 – July 3 2025, M riday)	londay - Friday from	9:00 AM to 1:00 PM. Attend
weekly Attendance -	- Circle Weeks: <u>6/2</u>	<u>0/9</u> <u>0/10</u> (Close	a june 19 th) $6/23$	<u>6/30</u> (Closed July 4 th)
Non-refundable Regist				
	•		• •	per week for <u>weeks 1, 2 &</u>
	l \$110.00 for weeks <u>3 & :</u> for each additional child e		lay).	
will be no reimburseme for insufficient funds wi		for absences. I/we fur urned check fee.	ther understand that o	weeks of attendance. There checks returned from the ban
Date				
	n the event of an emergency ecatur's owners to act on my ncurred.			
Doctor	Hos	spital		
Address	City	y, State	Pho	ne
Allergies				
Special Instructions				
Parent Signature			Date	
[Office Use Only]
Date of Enrollme	nt:		te:	
	Check [

Sibling

New Student

Current Student