

CAMP FORM 2026-2027: Cooper, PPK-8, PPK-12, Sunrise



Dear Parents,

Franklin Academy’s Aftercare Program will be offering camps on the following dates. Please select which camp days your child will be attending.

**Spring Camp & Winter Camp must be paid for entire duration, no daily rates offered*

We will be offering this opportunity to the first 50 students.

- Non-enrolled Aftercare families must pay a non-refundable registration fee of \$75.
- Must have a minimum of 25 children.
- Due to allergies all students must provide their own lunch and snacks.

Time: 7:00 a.m. – 6:00 p.m.

Ages: 5-11 years old

Camp Cost per Day: Spring/Winter weekly rate*		Pre-Reg. Price	Walk-in Price
Current aftercare enrolled student:	1st child	\$60	\$65
	Per Sibling	\$55	\$60
Non-enrolled aftercare student: (+ Reg. pack \$75)	1st child	\$70	\$75
	Per Sibling	\$65	\$70
School Staff/Administration:	Per child	\$50	

Please select the dates your child will attend.

	Day Camps	Winter Camps *	Spring Break Camp *
	October 12, 2026	December 21, 2026	March 22, 2027
	November 3, 2026	December 22, 2026	March 23, 2027
	November 23, 2026	December 23, 2026	March 24, 2027
	November 24, 2026	December 28, 2026	March 25, 2027
	November 25, 2026	December 29, 2026	
	January 4, 2027	December 30, 2026	
	March 10, 2027		
	March 19, 2027		
		<input type="checkbox"/> All of winter camp	<input type="checkbox"/> All of spring camp

*Late pick up fee is \$1.00 per minute per child after 6:00 pm upon picking up your child.

Please fill out the registration form and submit it to the main office along with the non-refundable payment. Payments can be made online to by credit card through our website <https://www.franklin-academy.org/>. If you have any questions, please feel free to contact the pertaining campus.

Registration Form

Student Name: _____ Grade: _____ \$ _____

Student Name: _____ Grade: _____ \$ _____

Student Name: _____ Grade: _____ \$ _____

TOTAL..... \$ _____

By signing up for the days indicated above, I understand payment is non-refundable or transferable and will not be given back for any reason; I accept the above policies, and I am responsible for payment:

Parent/Guardian Name & Signature: _____ Contact # _____

Internal Use only

TOTAL paid: _____ **Date received:** _____ **Payment Type:** _____ **No.** _____