



Camp Application Form: Summer 2026

Child's Name: _____ Birth Date: _____

Gender: M____ F____ Age: Years____ Months____

Address: _____ Home #: _____

Parent 1 Name: _____ Parent 1 Mobile #: _____

Parent 1 E-Mail Address: _____

Parent 2 Name: _____ Parent 2 Mobile #: _____

Parent 2 E-Mail Address: _____

PLEASE SELECT THE WEEK(S) FOR WHICH YOU ARE ENROLLING YOUR CHILD. ONE APPLICATION PER CHILD.

August 10th - 14th, Passport to Fun

August 17th - 21st, Bugs and Blossoms

August 24th - 28th, Under the Sea

Hours: 9:00 AM – 12:00 PM

Tuition: \$300 per week

**PLEASE REMIT ½ OF CAMP TUITION AND APPLICATION BY MAY 15TH TO RESERVE YOUR CHILD'S SPOT.
Camp balance will be due on June 15th.**

Please make checks payable to and mail to:

Kennedy Preparatory School

54 Route 138

Somers, NY 10589

Signature of Parent/Guardian _____ Date: _____