



2026



Please circle appropriate choices	2K (7:30-5:30)	3K (7:30-6:00)	4K & up (7:30-6:00)	Pick your session
Activity Fee (Due with application)	\$100.00	\$125.00	\$225.00	*Closed July 3rd*
Whole Summer Timmerman Student Enrolled for 2026-2027	\$245.00 week	\$245.00 week	\$175.00 week	Whole Summer May 26 – Aug. 14
Whole Summer Community Student	N/A	\$265.00 week	\$225.00 week	
6-week session Timmerman Student Enrolled for 2026-2027	N/A	N/A	\$200.00 week	Session 1 May 26 – July 3
6-week session Community Student	N/A	N/A	\$250.00 week	Session 2 July 6 – Aug 14
2K/3K students are allowed one vacation week without pay. Students 4K and up must commit to paying a minimum of 10 weeks for the whole summer session.				

Child's Name: (First)_____ (Last)_____ Age: _____

Last Grade Completed: _____ Birth Date: ____/____/____

Mailing Address: _____

Parents/Guardians:

Guardian 1 Name: (First)_____ (Last)_____

E-mail _____

Cell Phone: _____ Work Phone: _____

Guardian 2 Name: (First)_____ (Last)_____

E-mail _____

Cell Phone: _____ Work Phone: _____

Alternate Contact:

Name: _____ Relationship: _____

Cell Phone: _____ Work or Other Phone: _____

For questions or to submit your application via email ~ summercamp@timmermanschool.org

In case of emergency, Timmerman School has permission to seek medical attention for my child,
(name of student)_____

Signature_____Date_____

All maintenance medications must be signed in at the main office. Staff will not administer medication without a doctor's orders.

Does your child have any allergies, dietary restrictions, or special medical needs? If so, please list:

By accepting this contract, I understand that space is reserved for my child for the summer of 2026, and that I am responsible for all applicable weeks of payments. Fees are payable weekly and due whether my child attends or not.

Guardian's Signature: _____ Date: _____

My child, _____, has my permission to take part in all activities of Timmerman School Summer Camp. This includes transportation to and from any activity or field trip under the supervision of Timmerman School personnel. I understand that my child must arrive and depart all field trips on Timmerman approved transportation with Timmerman personnel and will attend all field trips with his or her class.

Guardian's Signature: _____ Date: _____

The Summer Activity Fee must accompany the application.

We cannot reserve your child's space without the payment of this Activity Fee.

Each child must have a certificate of immunizations or exemptions and DSS packet (provided by Timmerman School) on file.

The following people are authorized to pick up my child from Timmerman School:

Name and contact number:

1. _____

2. _____

3. _____

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