



Ages: 5-12 & Registration: \$75

25-26 SY Aftercare (4pm-6:00pm)

25-26 SY Morning Care (7am 8:00pm)

25-26 SY Summer Camp (8:00 am-4 pm)

ELRC # 7113803491-1

Student Name _____ Gender _____

DOB _____ Age _____ Grade _____ Address _____

_____ City _____ State _____ Zip _____

Parent/Guardian:

Parent/ Guardian Name#1 _____

Cell Phone _____ Email Address _____

Does your child have any allergies that we should know about? Please be detailed.

Names of person allowed to pick up your child (other than Parent):

Name	Phone	Relationship to child

I, the undersigned, as parent/guardian of the above named minor do hereby release See-It-Through of PA, LLC and their officers, directors, affiliates, employees and instructors, from any and all liability from any accidents which may occur while my child is at Camp See-It-Through. I also authorize any medical assistance that may be required for the above mentioned child during my absence.

Signature of Parent/Guardian

Date

Please make money orders payable to See-It-Through, LLC. We Also accept cash, apple pay and cashapp. Please Drop Off Application & Payment To: 4700 Parkside Ave, Philadelphia, PA 19131. Contact information (484) -416-0718 or email Sitprepacademy@gmail.com