

APM Summer Camp 2026

Child's Name: _____

Date of Birth (month/day/year) : ____/____/____

Au P'tit Monde (APM) Camp is an immersion-based day camp offered in French for **ages 2 to 6 years**. No previous French language experience is required. Each camp session features a unique theme – topics and activities do not repeat so choose as many sessions as you'd like!

Potty Trained? Please circle:

- Yes
- Not yet

Camp Selection:

SESSION OPTIONS & FEES

Please Choose and Circle:

APM Summer Camp 2026

- 2 days a week 8:00 am to 5:00 pm: \$385.00
- 3 days a week 8:00 am to 5:00 pm: \$565.00
- 5 days a week 8:00 am to 5:00 pm: \$695.00

Choose and Circle:

- Session 1: July 6- July 10 Theme: [Cuisine Around The World](#)
- Session 2: July 13- July 17 Theme: [Sports](#)
- Session 3: July 20- July 24 Theme: [Creative Art](#)
- Session 4: July 27- July 31 Theme: [Water](#)

- Session 5: Aug. 3- Aug. 7 Theme: [Clowns & Circus](#)
- Session 6: Aug. 10-Aug. 14 Theme: [Savanna Animals](#)
- Session 7: Aug. 17-Aug. 21 Theme: [Insects & Bugs](#)
- Session 8: Aug. 24-Aug. 26 (3 days only) Theme: [Music Mania](#)

Note: The sessions don't repeat, so you can join the fun for 1, 2, 3, 4, 5, 6, 7 or all-8 sessions.

FEES AND PAYMENT :

For families registering more than one child, a 5% discount applies to the registration of each additional child.

Full payment is due upon registration. Please note the terms of our cancellation/refund policy: Cancellations made before May 31st, 2026 will be refunded, minus a 20% processing fee. There will be no refund after May 31st 2026. Thanks for understanding!



SUMMER CAMP REGISTRATION FORM 2026

Parent Information:

Father's name: _____ Phone: _____

Email: _____

Mother's name: _____ Phone: _____

Email: _____

Emergency Information:

Name: _____

Relationship to child: _____ Phone: _____

Email: _____

Child's Physician: _____ Phone: _____

Allergies or medical conditions: _____

2 local emergency contacts (not parents) authorized to pick up your child:

1. Name: _____

Phone: _____

Address: _____

2. Name: _____

Phone: _____

Address: _____

Please read and put **initial** to indicate your agreement with each of the following:

_____ 1. If APM determines that my child has become too ill to attend camp, I will pick up or have my child picked up as soon as possible—but in **no more than two hours**—after being notified by the APM staff.

_____ 2. I authorize APM to seek immediate medical assistance in case of emergency when I cannot be located immediately.

_____ 3. I authorize the APM to apply sunscreen.

_____ 4. My child has never had an adverse reaction to sunscreen. (If your child has had adverse reactions to sunscreen, do not initialize this item and notify the APM administration separately in writing.)

_____ 5. I will inform APM within 24 hours (or the next business day) if my child or any member of the child's immediate household has developed any reportable communicable diseases, as defined by the California Department of Health, except for life-threatening diseases, which must be reported immediately.

_____ 6. I give APM permission to use samples of my child's work or photographs of my child in brochures, public displays including the school's website, and other promotional materials for the school.

Name: _____ Signed: _____

Date: / / 2026

Please return this completed form to: **Au P'tit Monde de la Péninsule.**

1980 Clarke Avenue E. Palo Alto, California 94303

The Payments are made through Brightwheel only

Au P'tit Monde de la Péninsule follows a non-discrimination policy in its admissions, hiring, and educational practices.

For office use:

Received by: _____ Date : / / 2026