

Southpoint Academy

2024 Summer Day Program

Information Sheet

Enroll your child now for a fun-filled summer at the Day Camp, sponsored by Southpoint Academy. Each week will be packed with fun-filled educational and recreational activities. Fun outings and field trips will also be scheduled throughout the program.

WHO: Completed Kindergarten through completed 6th Grade
Entering kindergarten (Enrichment Program), call for more information.

DATES: June 19 – August 4 (Monday-Friday)

TIME: 8:00 a.m. – 5:00 p.m.
Campers need to be present by 9:00 a.m. each day.

COST: Includes weekly field trips, materials, activities, and snacks.
\$100 Registration Fee (Non-refundable)
\$275/week (More than 2 days, full weekly rate is charged)
\$60/day for part-time (2 days or less);
\$1/minute late pick-up charge after hours

QUESTIONS: Contact Southpoint Academy (919) 544-5652.

- Weekly fees are due the Friday preceding the upcoming week your child attends.
- Part-time fees are due the first attended day of the week.

Daily Schedule

8:00 a.m. - Arrival Activities	12:00 p.m. - Lunch
8:30 a.m. - Morning Snack	1:00 p.m. - Quiet Time/D.E.A.R/ Movie/Reflection Time
9:00 a.m. -Academic Based Activity (2 - 3 Days, activities vary daily)	2:00 p.m. - Activity Time: (Character Development Class/Arts/Crafts/Physical Activity)
-Reading	3:00 p.m. - Afternoon Snack & Review
-Math	4:00 p.m. - Departure Activities
-Financial Literacy	5:00 p.m. - Program end time
-STEAM	
-Healthy Living & Safety	
11:00 a.m. - Recreational Activities	

Note: Quest for knowledge will be held a minimum of two days per week and Character classes every day for all students. Classes consist of the following: STEAM, Phonics, Math, Language Arts, Financial Literacy, Reading, and much more. Above schedule is tentative and subject to changes.

Southpoint Academy
2024 Summer Quest for Knowledge Camp
Registration Form

Name of Camper: _____ Date of Birth: _____ Age: _____

School last attended: _____ Completed Grade: _____

Parent/Guardian's Name(s): _____

Address: (Include City, Zip Code) _____

Phone Numbers: Dad (H): _____ (W) _____ (C) _____

Mom (H): _____ (W) _____ (C) _____

Email Address: _____

Emergency Contact: _____

Physician's Name _____ Phone _____

Health Insurance Company: _____

Policy Number: _____ Phone _____

Allergies/Medications: _____

Please check the appropriate week(s) your child will attend camp.

☐ June 17 - June 21

☐ July 15 - 19

☐ June 24 - June 28

☐ July 22 - July 26

☐ July 1 - 3 (Closed Thur. & Fri.,
Observing Independence Day)

☐ July 29 - August- 2

☐ July 8 - 12

We are financially responsible for the weeks we reserve and will pay on Friday preceding the upcoming week or the first day attended. If our child needs medical services, staff members of Southpoint Academy have our consent to take our child to a properly licensed practicing physician or to call EMS. We release Southpoint Academy and its staff from any and all liability in such situations.

Enclosed is our Registration Fee of \$_____ (\$100 non-refundable).

Please make check payable to **Southpoint Academy** and bring or send to:

7415 Fayetteville Street, Durham, NC 27713

Parent/Guardian's Signature _____ Date: _____

Parent/Guardian's Signature _____ Date: _____