



## Registration for Enrollment at Roots and Wings School Summer Camp 2026

Child's Legal Name: \_\_\_\_\_  
(First) (Last) (Nickname if Applicable)

Child's DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Gender: \_\_\_\_

Child's Home Address: \_\_\_\_\_  
\_\_\_\_\_

|   |   |
|---|---|
| Parent/Guardian: _____<br>Email: _____<br>Phone: _____<br>Address: _____<br>_____ | Parent/Guardian: _____<br>Email: _____<br>Phone: _____<br>Address: _____<br>_____ |
|---|---|

Camp Hours 8:00am – 200pm ... .. \$300/week

Extended Early Morning: 7:00am – 8:00am... .. \$10/day

Extended After Care: 200pm – 4:00pm... .. \$15/day

Both AM and PM Care: ..... \$22/day

**Please Indicate the services your child will need:**

| <u><b>Summer Camp Weeks:</b></u>   | <u><b>Extended Care</b></u> <small>(circle all that apply):</small>   |
|--|---|
| <u>Building and Bridges Week</u><br><input type="checkbox"/> Week 1: 6/22/26 - 6/26/26 (8:00-2:00)   | <input type="checkbox"/> Before Care (7:00-8:00): M T W Th F<br><input type="checkbox"/> After Care (2:15-4:00): M T W Th F                                     |
| <u>Around the World Week</u><br><input type="checkbox"/> Week 2: 7/6/25- 7/10/26 (8:00-2:00)   | <input type="checkbox"/> Before Care (7:00-8:00): M T W Th F<br><input type="checkbox"/> After Care (2:15-4:00): M T W Th F                                     |
| <u>Back to the Woods Week</u><br><input type="checkbox"/> Week 3: 7/13/26 - 7/17/26 (8:00-2:00)<br>*Off site all day Friday. Drop off at trail | <input type="checkbox"/> Before Care (7:00-8:00): M T W Th<br><input type="checkbox"/> After Care (2:15-4:00): M T W Th<br>*No before care or after care Friday |
| <u>Happy Habitats Week</u><br><input type="checkbox"/> Week 4: 7/20/26- 7/24/26 (8:00-2:00)  | <input type="checkbox"/> Before Care (7:00-8:00): M T W Th F<br><input type="checkbox"/> After Care (2:15-4:00): M T W Th F                                     |
| <u>Natural Artists Week</u><br><input type="checkbox"/> Week 5: 7/27/26- 7/31/26 (8:00-2:00)   | <input type="checkbox"/> Before Care (7:00-8:00): M T W Th F<br><input type="checkbox"/> After Care (2:15-4:00): M T W Th F                                     |
| <u>Master Chef Week</u><br><input type="checkbox"/> Week 6: 8/3/26- 8/7/26 (8:00-2:00)   | <input type="checkbox"/> Before Care (7:00-8:00): M T W Th F<br><input type="checkbox"/> After Care (2:15-4:00): M T W Th F                                     |
| <u>Movement and Motion Week</u><br><input type="checkbox"/> Week 7: 8/10/26- 8/14/26 (8:00-2:00)   | <input type="checkbox"/> Before Care (7:00-8:00): M T W Th F<br><input type="checkbox"/> After Care (2:15-4:00): M T W Th F                                     |

**\*\*Registration Fee: \$50.00** (due with submission of camp registration form)

Fee **MUST** be submitted with application to secure your child's spot or billed to Brightwheel. Checks can be made payable to Roots And Wings School and mailed to PO Box 540 New Boston NH 03070. **Fees are non refundable.**

X \_\_\_\_\_  
 (Signature) (Date)

FOR OFFICE USE: Amount: \_\_\_\_\_ Date: \_\_\_\_\_ Check #: \_\_\_\_\_ or Brightwheel