

2025 E-PLEX August Mini-Camp Registration Form

August Mini-Camp is from 7:30 AM to 6:00 PM daily. All students must be picked up by 6:30 PM. The tuition must be paid on or before the first day of camp.

Student Name:	Grade (Fall 2025):
Parent Name:	School:
Email:	Phone Number:

*Our August Mini Camp will be held from August 4 until the back to school day. Since each school has a different start date, we will prorate Afterschool Tuition based on the number of consecutive days attended. **Please mark on the calendar below: "C" for Mini Camp All-Daycare days and "A" for Afterschool days.***

August 2025						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	4	5	6	7	8	
	11 Afterschool Starts	12	13	14	15	
	18	19	20	21	22	
	25	26	27	28	29	

August Mini Camp	Fee	Subtotal
August Mini Main Camp (All Day) (Mon~Fri 8:00 AM ~ 6:00 PM)	\$75/day w/ Lunch included	\$

Afterschool	Fee	Subtotal					
Afterschool (5-days Program) 8/11~8/29. 15 days total	\$37.50/day w/ pick-up	\$					
Afterschool (3-days Program) 8/11~8/29. 9 days total	\$54/day w/ pick-up	\$					
<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 15px;">M</td> <td style="width: 15px;">T</td> <td style="width: 15px;">W</td> <td style="width: 15px;">Th</td> <td style="width: 15px;">F</td> </tr> </table>	M	T	W	Th	F		
M	T	W	Th	F			
Afterschool Heavy Snack (3pm) 8/11~8/29	\$75 (5 days) or \$60 (3 days)	\$					

I UNDERSTAND AND AGREE BY THE OPERATION RULES SET BY E-PLEX BP. MY SIGNATURE AUTHORIZES E-PLEX TO USE PHOTOGRAPHS/VIDEOS OF MY CHILD NAMED ON THIS FORM IN FUTURE PROMOTIONS. MY SIGNATURE ALSO AUTHORIZES MY CHILD TO BE TREATED BY THE FIRST AVAILABLE MEDICAL FACILITY AND PHYSICIAN SHOULD THE NEED ARISE AND AUTHORIZES THE EMERGENCY CONTACT LISTED TO PICK UP MY CHILD FROM THE PROGRAM AND MAKE DECISIONS REGARDING MY CHILD IF I AM NOT AVAILABLE. I UNDERSTAND THAT EVERY EFFORT WILL BE MADE TO CONTACT ME IN THE EVENT THAT SUCH AN EMERGENCY TAKES PLACE. I UNDERSTAND THAT E-PLEX BP DOES NOT OFFER REFUNDS, ONLY CREDIT.

PARENT/GUARDIAN SIGNATURE _____ DATE _____