



CAMPAPALOOZA SUMMER CAMP PAYMENT PLAN AGREEMENT

Date: June 8 to August 7, 2026

Program # 26002-03

Step 1: Please complete all information below. One form per person. Please Print.

Primary Guardian Name: _____ Date of Birth: _____

Street Address: _____ City, State, Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

Emergency Contact Person: _____ **Phone #:** _____ **Relationship:** _____

Does the Camper have any allergies: Yes or No **Name:** _____

If yes, please explain: _____

____ **Check here for individuals with special needs.** The Village of Park Forest does its best to accommodate those individuals with special needs. If you need any special assistance, please inform us below.

____ **Check here if SSSRA Inclusion Specialist is Needed.** Please ask for Inclusion application at registration.

Step 2: Campapalooza Sessions: *Please check which session camper is being signed up for.*

- Full Camp: 8 weeks** **June 8 to August 7, 2026** **\$965**
- Session 1: 4 weeks** **June 8 to July 2, 2026** **\$495**
- Session 2: 4 weeks** **July 13 to August 7, 2026** **\$495**

Name of Camper _____ Date of Birth ___/___/___

Name of Camper _____ Date of Birth ___/___/___

\$300 Deposit due at the time of registration for full 8-week registration.

\$200 Deposit due at the time of registration for 4-week registration.

\$10 additional payment plan processing fee is due at registration.

Step 3:

PAYMENTS: Balance for **Session 1** due by **June 19, 2026.** Balance for **Session 2** due by **July 17, 2026.**
Balance for **full 8-week camp** is due by **June 19, 2026.**

***By signing this agreement. You are responsible for the full payment of the 2026 Campapalooza Summer Camp by the final payment date. All payments are non-refundable. Misrepresentation of information will result in forfeiture of financial assistance and future assistance may be denied. Accounts sent to collections are charged an additional 35% of the total amount due.**

***Signature of Parent/Guardian:** _____ **Date:** _____

Deposit Paid	\$ _____	Balance \$ _____	Date: _____	Payment \$ _____	Bal: _____	Date: _____
Payment	\$ _____	Balance \$ _____	Date: _____	Payment \$ _____	Bal: _____	Date: _____
Payment	\$ _____	Balance \$ _____	Date: _____	Payment \$ _____	Bal: _____	Date: _____
Payment	\$ _____	Balance \$ _____	Date: _____	Payment \$ _____	Bal: _____	Date: _____
Payment	\$ _____	Balance \$ _____	Date: _____	Payment \$ _____	Bal: _____	Date: _____