

MISSION HILLS MIDDLE SCHOOL SUMMER CAMP

250 Tamarack Drive, Union City, CA 94587

Phone: 510-493-2189



Mission Hills Middle School is happy to offer its 2024 Summer Camp to students in grades Jr.K to 5th. Our Summer Camp will consist of weekly themes with projects, reading, fitness, and other age-appropriate indoor/outdoor activities incorporated into the weekly schedule. The students will be grouped by grade level, and the program will be run by MHMS teachers/staff.

The following are the details of the **four-week** MHMS Summer Camp:

Duration: June 24—July 19, 2024 (no school on July 4, 2024 in observance of 4th of July)

Camp Hours: Monday- Friday, 9:00am-3:00pm/ with extended care: 8:30am- 5:00pm

Cost: \$1,500 for 4 weeks **OR** \$400 weekly

Lunch: Students **must** bring their own lunches & snacks

*Weekly Themes:

Week 1: Jungle Week (June 24th-28th)

Week 2: USA Trivia Week (July 1st-5th) *No school on July 4*

Week 3: Around the World Week (July 8th-12th)

Week 4: Space & Technology Week (July 15th-19th)

*Themes are subject to change.

Payment Procedure for Registered MHMS Students:

- Registration for the 2024 Summer Camp is **now open**. *Space is limited—first come-first serve.*

If attending **all 4 weeks**, your **non-refundable** 1st payment of \$375 is due at the time you submit the completed registration. The remaining balance of \$1,125 is due by **Friday, May 31, 2024**.

- If you are attending **less than 4 weeks**, your **non-refundable** 1st payment of \$400 is due at the time you submit the completed registration (this payment will count towards your first week). The remaining balance is due by **Friday, May 31, 2024** (*please ask for your total amount at the main office*).

For additional information, please contact the MHMS Administration at 510-493-2189 or email jnghiem@mhmschool.org

2024 MHMS Summer Camp Registration

Student Name: _____

Date of Birth: _____

_____ Male

_____ Female

Home Address: _____

Grade in August 2024: _____ Jr.K _____ K _____ 1st _____ 2nd _____ 3rd _____ 4th _____ 5th

Registered MHMS Student: _____ Yes _____ No

My child will attend for all 4 weeks: _____ Yes _____ No (If NO, please circle which weeks below)

Week 1

Week 2

Week 3

Week 4

Parent/Guardian Information

1st Parent/Guardian Name : _____

Work Phone: _____

Cell Phone: _____

Email: _____

2nd Parent/Guardian Name : _____

Work Phone: _____

Cell Phone: _____

Email: _____

Emergency Contact Information

Name: _____

Phone Number: _____

I have received, read, and agreed to the 2024 MHMS Summer Camp Fees and Payment Procedures. Initials _____

Parent/Guardian Signature _____ Date _____

For Office Use Only

Check # _____ or Cash Payment _____ Staff Initials _____ Date _____