

SELF & S.T.E.A.M.

...POWERED BY YOU!

Dear Parents and Guardians,

Welcome to **SELF & S.T.E.A.M. Summer Camp 2026**! We are thrilled to welcome your child to an unforgettable summer filled with discovery, personal growth, and monumental fun. Our mission is to combine fundamental academic components with innovative, hands-on STEAM exploration, alongside wellness practices that empower students from the inside out.

At SELF & S.T.E.A.M., we believe every child contains unique potential. Our curated program structure ensures that your camper fights summer learning loss with targeted reading and math support, while simultaneously unlocking their inner creator, engineer, and thinker. Guided by certified teachers, our environment provides a secure, structured space to build executive functioning skills, collaboration, and confidence.

Please review the comprehensive program details below. Once you are ready to secure your child's placement, please complete the multi-section registration form attached on the following pages and return it to your local campus coordinator.

We look forward to an intentional, high-energy summer together!

Warmest regards,

The SELF & S.T.E.A.M. Team

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2026 SUMMER CAMP REGISTRATION FORM

Please fill out all fields accurately to ensure programmatic safety and clear communication.

✨ PROGRAM OVERVIEW & HIGHLIGHTS

📅 **Days & Times:** Monday – Friday, 9:00 AM – 3:00 PM

💳 **Tuition Rate:** $150 Per Week / Per Camper

What is Included in Every Week:

- Comprehensive academic skill assessment
- 15 hours of targeted reading and/or math support
- Daily themed STEM and Art activities
- Daily Yoga, Dance, and Exercise
- Executive function & communication development
- Exciting weekly themed celebrations
- Instruction from Certified Teachers
- Unlimited fun and lasting friendships!

1. SELECT CAMPUS LOCATION

☐ **Englewood, NJ Campus**
1 Engle Street, Suite 108 | (201) 871-9040

☐ **Eastchester, NY Campus**
478 White Plains Rd | (914) 722-9253

2. STUDENT INFORMATION

Student's Full Name _____

Date of Birth (MM/DD/YYYY) _____

Grade Entering (Fall 2026) _____

Primary Academic Focus Needed (Select all that apply)

☐ Reading Support ☐ Math Support ☐ General Enrichment

3. PARENT / GUARDIAN & EMERGENCY CONTACT

Parent/Guardian Full Name _____

Primary Phone Number _____

Email Address _____

Emergency Contact Name & Phone (If parent is unreachable) _____

4. AUTHORIZED PICK-UP & DISMISSAL DETAILS

Please list all individuals authorized to pick up your child. Staff will cross-reference names with government-issued photo identification at 3:00 PM dismissal.

Authorized Person 1 (Name & Phone) _____

Authorized Person 2 (Name & Phone) _____

Standard Dismissal Method:

☐ Parent/Guardian standard pickup

☐ Self-release / Independent walker (Authorized signature required) _____

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5. SELECT CAMP WEEKS ($100 PER WEEK)

JUNE WEEKS

- ☐ Week 1: June 15 - June 19
- ☐ Week 2: June 22 - June 26
- ☐ Week 3: June 29 - July 3

JULY WEEKS

- ☐ Week 4: July 6 - July 10
- ☐ Week 5: July 13 - July 17
- ☐ Week 6: July 20 - July 24
- ☐ Week 7: July 27 - July 31

AUGUST WEEKS

- ☐ Week 8: Aug 3 - Aug 7
- ☐ Week 9: Aug 10 - Aug 14
- ☐ Week 10: Aug 17 - Aug 21
- ☐ Week 11: Aug 24 - Aug 28

6. HEALTH & MEDICAL SAFEGUARDS

List All Allergies, Medical Conditions, or Dietary/Physical Restrictions:

_____

☐

Medication Administration: My child carries an EpiPen/Inhaler or requires medication during camp hours. *(An additional medical authorization form must be filed prior to the first day).*

☐

Emergency Emergency Treatment Consent: In the event of a medical emergency, I authorize SELF & S.T.E.A.M. staff to secure necessary emergency professional medical treatment for my child if the parent/guardian cannot be reached immediately.

7. MEDIA CONSENT & POLICY AGREEMENTS

Photo & Video Media Consent:

☐ I grant permission for photo/video utilization. ☐ I do not grant permission for photo/video utilization.

Cancellation & Refund Policy:

Tuition is billed flatly per selected week. Electronic invoices are issued upon processing. To modify or cancel a registered week and receive full credit/refund, written notice must be submitted to selected location office at least 7 days prior to that week's start date. Missed camp days due to personal schedules or short-term illness are non-refundable or transferrable.

Parent / Guardian Electronic Signature _____ **Date** _____

Englewood Campus Office:
📧 eng@hlcmail.com | 📞=(201) 871-9040

Eastchester Campus Office:
📧ech@hlcmail.com | 📞 (914) 722-9253

www.selfandsteam.org • https://huntingtonhelps.com