## HOGG'S HOLLOW PRESCHOOL

4490 Cornishon Avenue, La Canada, CA, 91011 • **818 790 1700** www.hoggshollowschool.com

An active outdoorsy program where children explore, socialize, learn new skills, grow strong and healthy and are treated with respect.

Parent's Name:	
Child's Name:	
DOB:	_Current Age
Phone #:	
Email:	
Tour/OH Attendance	Date

## SUMMER APPLICATION & ADMISSION FORM 2025 4 - 10 years

We,\_\_\_\_\_&\_\_ parents of (full name) would like to apply for Summer Camp at Hogg's Hollow, provided a spot is available. We prefer to begin attendance in (month) \_\_\_\_\_\_ Year\_\_\_\_\_ We wish to apply for the months of: June\_\_\_\_\_July\_\_\_\_August\_\_\_\_ Application fee \$100.00 Non Refundable. Initials \_\_\_\_\_ Application Fee, Venmo Receipt #\_\_\_\_\_\_Date Paid \_\_\_\_\_ ALL FEES PAID IN ADVANCE, ARE NON-REFUNDABLE. Signature \_\_\_\_\_ - The Summer Camp fees must be paid in full by April 15th. - Hours: 8:00 am to 5:00 pm. - Following completion of the Application, Admissions forms, and payment of all fees, if the child is accepted, Hogg's Hollow will send an acceptance email to the family. 1st Parent Signature Date Email \_\_\_\_\_ 2nd Parent Signature Date Email \_\_\_\_\_ Hogg's Hollow received this application form on: Family contacted on \_\_\_\_\_ School Administrator Date