



GATEWAY ACADEMY

GATEWAY WARRIOR TECH CAMP '25 ENROLLMENT AGREEMENT

CAMP INFORMATION:

- **Camp Name:** Gateway Warrior Tech Camp '25
- **Location:** Gateway Academy, 3939 E. Shea Blvd, Phoenix, AZ 85028
- **Dates:** June 9 – July 3, 2025
- **Session Options:**
 - **Session 1:** June 9 - June 13
 - **Session 2:** June 16 - June 20
 - **Session 3:** June 23 - June 27
 - **Session 4:** June 30 - July 3
- **Camp Hours:** Monday – Friday, 9:00 AM – 3:00 PM
- **Tuition:** \$900 per week
- **Payment Methods:** ESA Accepted, Cash, or Check

PARENT/GUARDIAN INFORMATION:

Parent/Guardian Name: _____

Address: _____

City, State, ZIP: _____

Phone Number: _____

Email Address: _____

STUDENT INFORMATION:

Student Name: _____

Student Age: _____

Student Grade: _____

SESSION SELECTION:

(Please check all that apply)

Session 1: June 9 - June 13

Session 2: June 16 - June 20

Session 3: June 23 - June 27

Session 4: June 30 - July 3

PAYMENT INFORMATION:

- **Total Tuition Due:** \$ _____
 - **Payment Type:**
 - ESA
 - Cash
 - Check (Make payable to Gateway Academy)
 - **Payment Due Date:** At time of enrollment to secure placement
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TERMS & CONDITIONS:

1. **Tuition & Fees:** Tuition is non-refundable except in the case of documented medical emergencies.
2. **Behavior Expectations:** Students are expected to follow all camp rules. Disruptive behavior may result in dismissal without refund.
3. **Medical Authorization:** In case of emergency, I authorize Gateway Academy to seek medical care for my child.
4. **Liability Waiver:** I release Gateway Academy, its employees, and affiliates from any liability related to camp activities.
5. **Photography Consent:** I give permission for my child's photo to be used in camp promotional materials.

Parent/Guardian Signature: _____

Date: _____