



CAMP O-AT-KA 2026 Camper Application

2026 SESSION DATES I am making an application for enrollment at Camp O-AT-KA for the period of:	REGULAR TUITION
FULL SEASON June 21 – August 7, 2026	\$ 11,000
FIRST SESSION June 21 – July 17, 2026	\$ 8,000
SECOND SESSION July 19 – August 7, 2026	\$ 7,000
2-WEEK STARTER SESSION A June 21 – July 5, 2026	\$ 5,000
2-WEEK STARTER SESSION B July 19 – August 1, 2026	\$ 5,000
CIT PROGRAM *Separate application required June 20 – August 7, 2026	\$ 8,200

Full name:	Nickname:
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Parent/Guardian Name(s):

If parents are separated or divorced, who has custody?
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E-mail Address:

Mailing Address:	STREET	CITY	STATE	ZIP CODE
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Phone Numbers:	HOME	CELL	WORK
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Birth date (mm/dd/yy):	Grade entering Fall 2026:	Age as of June 30, 2026:
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Present School:	Previous Camp Experience:
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Sibling(s):	Age:	Gender:	School:
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T-shirt Size: Youth M _____ Youth L _____ Youth XL _____ Adult S _____ Adult M _____ Adult L _____ Adult XL _____ Adult XXL _____

This will be my _____ summer at Camp O-AT-KA.

TUITION:

In order to secure your camper(s) spot, an initial deposit of \$1,000 is required and will be applied towards the total tuition cost. If your camper is placed on a wait list, an initial deposit of \$1,000 is still required and will be fully refunded if your camper does not get a spot. Tuition is refundable less the deposit until April 15, 2026. Final tuition payments are due on May 1, 2026.

Checks should be made payable to "Camp O-AT-KA" and all major credit cards are accepted.

Tuition rates are ALL INCLUSIVE and the cost will cover your camper's additional expenses including but not limited to day trip fees, travel fees and program/material fees. Costs of shipping trunks, O-AT-KA store purchases and opt-in trip or event fees(ex: road races, whitewater rafting) will be separate transactions in addition to tuition.

SIBLING DISCOUNT

A 5% discount will be applied to total tuition costs for two sibling campers.

A 10% discount will be applied to total tuition costs for three or more sibling campers.

FINANCIAL AID

Camp O-AT-KA is a nonprofit organization, and financial aid is available. Please contact the office directly if you are interested in applying for aid. You can e-mail info@campoatka.org or call us at 207-787-3401.

TUITION PAYMENT OPTIONS:

If you would like to sign up for one of following tuition payment plans, an initial deposit of \$1,000 is due by October 15, 2025 for existing families and November 30, 2025 for new families. Open enrollment for ALL families begins on October 15, 2025.

☐ **Option 1. One full tuition payment to be made on _____ (please provide a date before May 1, 2026).** I give O-AT-KA permission to charge my card for the remaining balance of the 2025 tuition on the date provided above.

☐ **Option 2. Four payments – October 31, 2025; December 31, 2025; February 28, 2026; and April 30, 2026** I give O-AT-KA permission to charge my card in four equal payments on the last day of each month.

☐ **Option 3. Monthly payments - October 31, 2025 – April 30, 2026**

I give O-AT-KA permission to charge my card monthly in equal installments on the last day of each month beginning in October and ending in April.

Signature: _____

CERTIFICATION OF PARENT OR GUARDIAN

So that Camp O-AT-KA may provide each child maximum opportunity for personal development, I understand that in signing this application I certify that my child is healthy and free of problems that could be adverse to his happiness or that of other campers. I give Camp O-AT-KA permission to use photos of my son in Camp publications. I agree that in the event this application is accepted and a place reserved for him at Camp O-AT-KA, he will remain in the Camp until the end of the designated period, unless he is dismissed by the Camp authorities for misconduct or for cause considered sufficient by the Camp. In case of voluntary withdrawal or dismissal, I understand that there will be no refund of Camp charges paid for the time reserved. In the event of withdrawal on account of serious illness, a pro rata refund will be made for the unexpired portion of the term. It is my sincere wish that my son enjoy the experience afforded boys at the Camp, and I understand fully that even after reasonable precautions have been taken, many activities such as swimming, hiking, boating, or archery, etc., may involve hazards for which the Camp cannot be held responsible. In the event of apparent serious illness, I wish my child sent to a reliable hospital and skilled medical aid called at once, for which charges I shall be responsible. I authorize the medical designates of the Camp to administer any urgent or emergency treatment considered necessary by the Camp medical staff. I desire that notification of such illness be sent to me by prompt means of communication. I give Camp O-AT-KA permission to take my son on trips for off-site activities with other campers and authorize Camp O-AT-KA staff to sign any release of liability statements for my son required by vendors for such activities. Camp O-AT-KA reserves the right to cancel this application should governmental action or other circumstances make camp operation impossible or unwise. Camp O-AT-KA also reserves the right to decline to accept an application.

I have enclosed the registration fee and agree to pay my son's full tuition within the terms stated in the enrollment information.

Parent/Guardian's Signature:	Printed Name:
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Date:

PLEASE USE THIS FORM TO PAY BY CREDIT CARD

Name on credit card:		Amount to be charged: \$
Credit card number:	CSV (3 digit):	Expiration date:
Signature:		

593 Sebago Road, PO Box 239 | Sebago, ME 04029 | info@campoatka.org | PHONE (207) 787-3401 | FAX (207) 433-1177 www.campoatka.org

