

CAMP O-AT-KA 2026 Camper Application

2026 SESSION DATES						RI	REGULAR TUITION		
I am making an application for enrollment at Camp O-AT-KA for the period of:									
FULL SEASON June 21 – August 7, 2026					\$ 11,	\$ 11,300			
FIRST SESSION June 21 – July 17, 2026					\$ 8,250				
SECOND SESSION July 19 – August 7, 2026					\$ 7,200				
2-WEEK STARTER SESSION A June 21 – July 5, 2026					\$ 5,150				
2-WEEK STARTER SESSION B July 19 – August 1, 2026						\$ 5,1	\$ 5,150		
CIT PROGRAM *Separate application required June 20 – August 7, 2026						\$ 8,2	\$ 8,200		
Full name:				Nickname:					
Parent/Guardian Name(s):									
If parents are separated or divorced, who has custody?									
E-mail Address:									
Mailing Address:	STREET			CITY			STATE	ZIP CODE	
Phone Numbers:	HOME		CELL				WORK		
						1			
Birth date (mm/dd/yy): Grade ente		Grade enter	ring Fall 2026:			Age as of June 30, 2026:			
Present School:				Previous Camp Experience:					

Sibling(s):		Age:	Gender:	So	chool:		
T-shirt Size: Youth M Youth	LYouth 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) camper is placed on a wait list, an Tuition is refundable less the deportance of the common street are ALL INCLUSIVE fees and program/material fees. Corafting) will be separate transactions.	initial deposit of \$1,000 osit until April 15, 2026, o "Camp O-AT-KA" and the cost will cove osts of shipping trunks, ns in additional to tuition	0 is still required . Final tuition pa ad all major cred r your camper's . O-AT-KA stor on.	d and will be fully syments are due dit cards are acce s additional expe re purchases and	refunded if yo on May I, 202 pted. nses including	our camper does 6. but not limited	s not get a spot. to day trip fees, travel	
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 OPTI	ONS:						
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 I. One full tuition	ı payment to be m	ade on		(plea	se provide a	date before May I,	
2026). I give O-AT-KA permission	on to charge my card fo	or the remaining	balance of the 2	025 tuition on	the date provid	led above.	
☐ Option 2. Four payments	– October 31, 202	5; December	· 31, 2025; Feb	ruary 28, 2	026; and Apr	il 30, 2026 l give O-AT-KA	
permission to charge my card in fo	our equal payments on	the last day of e	each month.				
☐ Option 3. Monthly payme	ents - 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 PARE	NT OR GUARDIA	N					
So that Camp O-AT-KA may provide healthy and free of problems that coul publications. I agree that in the event t designated period, unless he is dismissidismissal, I understand that there will be will be made for the unexpired portion after reasonable precautions have bee responsible. In the event of apparent of such illness be sent to me by promp authorize Camp O-AT-KA staff to sign this application should governmental accept an application.	d be adverse to his happin this application is accepted ed by the Camp authoritie be no refund of Camp chain of the term. It is my since taken, many activities suspenious illness, I wish my che Camp to administer any of means of communication any release of liability staction or other circumstants.	ness or that of oth and a place reserves for misconduct reges paid for the there wish that my uch as swimming, whild sent to a reliay urgent or emergen. I give Camp Outements for my so ces make camp of	ner campers. I give rved for him at Car or for cause consistime reserved. In the son enjoy the expehiking, boating, or able hospital and skeeney treatment contact. AT-KA permission on required by ven peration impossible.	Camp O-AT-KA, hadered sufficient he event of with the initiation of the event of with the initiation of the event of the initiation of the	A permission to us e will remain in the by the Camp. In condrawal on account boys at the Camp by involve hazards a called at once, for arry by the Camp on trips for off-sctivities. Camp Omp O-AT-KA also	e photos of my son in Camp the Camp until the end of the ase of voluntary withdrawal or it of serious illness, a pro rata refund of, and I understand fully that even for which the Camp cannot be held if which charges I shall be responsible medical staff. I desire that notification ite activities with other campers and AT-KA reserves the right to cancel	
have enclosed the registration fee an	a agree to pay my son's fu	iii tuition within th			ntormation.		
Parent/Guardian's Signature:			Printed Nar	ne:			
			1				
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:			

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