

Days offered:  
Mon - Thurs (\$200/wk)  
Mon/Wed (\$100/wk)  
Tues/Thurs (\$100/wk)

Ages: 3-9 years  
Hours: 8AM - 4PM

**Congdon Creek Preschool**  
**2310 E. 4th St. Duluth, MN 55812**  
**CCP@congdoncreekpreschool.com**  
**www.congdoncreekpreschool.com**

## 2026 Congdon Creek Adventure Camp Application

**Child's Name:** \_\_\_\_\_ **D.O.B.** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Allergies:** \_\_\_\_\_

**Parent's Name:** \_\_\_\_\_ **Cell #:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Parent's Name:** \_\_\_\_\_ **Cell #:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Cell #:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Cell #:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Doctor's Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Dentist's Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

In case of emergency, I grant permission to secure medical treatment for my child when I cannot be reached. (check one)  
☐ **St. Lukes** ☐ **Essentia**

I grant permission to CCP staff to take my child on field trips away from the preschool. ☐ **YES** ☐ **NO**

I grant permission to CCP staff to put sunscreen on my child. ☐ **YES** ☐ **NO**

I grant permission to use photos of my child on the CCP website. ☐ **YES** ☐ **NO**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please return this form to CCP**

Payment is due by the first day of the month (\$50/day). If there are changes to your child’s schedule, please let us know by the first of each month or you will be charged for the scheduled time.

**JUNE 2026      Tuition Owed:**

MONDAY		TUESDAY		WEDNESDAY		THURSDAY	
1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>
8	<input type="checkbox"/>	9	<input type="checkbox"/>	10	<input type="checkbox"/>	11	<input type="checkbox"/>
15	<input type="checkbox"/>	16	<input type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>
22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>

**JULY 2026      Tuition Owed:**

MONDAY		TUESDAY		WEDNESDAY		THURSDAY	
6	<input type="checkbox"/>	7	<input type="checkbox"/>	8	<input type="checkbox"/>	9	<input type="checkbox"/>
13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>
20	<input type="checkbox"/>	21	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>

**AUGUST 2026      Tuition Owed:**

MONDAY		TUESDAY		WEDNESDAY		THURSDAY	
3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	6	<input type="checkbox"/>
10	<input type="checkbox"/>	11	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>
17	<input type="checkbox"/>	18	<input type="checkbox"/>	19	<input type="checkbox"/>	20	<input type="checkbox"/>