## **Weekly Themes**

Animal Kingdom • America The

Beautiful Junder The Sea •

Tech Week • Vacation Bible

School • Hawaiian Holiday •

Outer Space • Sports 'R' Us •

**Around The World** 



Calvary Academy exists to equip students to develop a genuine relationship with Jesus Christ, and intellectually prepare them to live their lives with a Biblical perspective.

#### REGISTRATION AVAILABLE ONLINE:

http://calvaryacademy.org/calvaryacademy/familiesalumni/parents/summer-camp-registration

# CALVARY ACADEMY

1133 E. County Line Rd. Lakewood, NJ 08701 732-363-3633







7 3 2 - 3 6 3 - 3 6 3 3 www.calvaryacademy.org







# SUMMER CAMP 2018 AGES 3-11



	_ ,	birtifuate	Grade in Sept. 🔔
Allergies/Medical Conditions:			
Child 2: Full Name	M/F	Birthdate:	Grade in Sept
Allergies/Medical Conditions:			
Child 3: Full Name	M/F	Birthdate:	Grade in Sept
Allergies/Medical Conditions:			
Address where child resides	:		
Name of parent(s) child lives	s with:		Email
Parent 1 cell phone	Parent home pho	ne	Work #
Parent 2 cell phone	Parent home pho	ne	Work #
Emergency Contacts and Re	rmission to Pick-Up:		
Name	Relationship	Phone #	
Name			
Name	_Relationship	Phone #	
Notes: Children must be potty trained participate in this program, and staff trips are at an additional cost. Regist COMMENTS:	trained in administering Epi-pens ha rants need not be Calvary Academy s	ve permission to treat wi	th the Epi-pen if needed . Field





#### **SELECT WEEKS**

Select Week(s)	Week	Before Care	After Care
June 25-29			
July 2-6 *			
July 9–13			
July 16-20			
July 23–27			
July 30–Aug 3			
Aug 6-10			
Aug 13–17			
Aug 20–24			

## \* CLOSED on July 4th

I agree to all provisions herein. I understand there are no refunds for missed days I have paid for, regardless of reason for absence. I agree to hold harmless Calvary Academy/Calvary Lighthouse, its affiliated organizations, employees, agents, representatives, volunteers and drivers, from any and all claims arising from my child's participation in this program and field trips. In case of accident, illness, or other emergency, I give permission for staff to call emergency services or a licensed physician or dentist even if I am not able to be reached. I authorize and consent to any medical treatment deemed advisable in the best judgment of emergency services, a licensed physician or dentist. I agree to assume the financial responsibility for expenses incurred as a result of such services and for emergency medical transportation.

Parent Signature .	
Date	_ Registration DUE by May 1:
\$175 Deposit Due	upon Registration