

## SUMMER CAMP WEEKLY THEMES



**Jun 29-Jul 3**  
**America the Beautiful**



**July 6-10**  
**Animal Kingdom**



**July 13-17**  
**VBS**



**July 20-24**  
**Hawaiian Holiday**



**July 27-31**  
**Sports 'R' Us**



**August 3-7**  
**Around the World**



**August 10-14**  
**Under the Sea**



**August 17-21**  
**Outer Space**

## MISSION STATEMENT

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.

## ONLINE REGISTRATION

For your convenience, online registration is available.

Visit [www.calvaryacademy.org/current-families/summer-camp/](http://www.calvaryacademy.org/current-families/summer-camp/)

**CALVARY ACADEMY**  
1133 E. County Line Rd.  
Lakewood, NJ 08701

732-363-3633  
[www.calvaryacademy.org](http://www.calvaryacademy.org)



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# SUMMER CAMP REGISTRATION 2020

## PRICE LIST

*Based on 9:00am-3:00pm Day*  
**5 Day (M-F) Weekly Rate: \$175**  
**3 Day (M, W, F) Weekly Rate: \$115**  
**Before Care (8:00am-9:00am): \$6 minimum**  
**After Care (3:00pm-5:00pm): \$6/hour, \$6 minimum**  
*Field trips are an additional charge.*

Payments are due monthly in advance:

**FOR JUNE-BY MAY 15**  
**FOR JULY-BY JUNE 12**  
**FOR AUGUST-BY JULY 10**

Checks should be made out to  
**CALVARY ACADEMY**

## SELECT YOUR WEEKS

Select Week(s)	5 Day	3 Day	Before Care	After Care
1: Jun 29-Jul 3				
2: July 6-10				
3: July 13-17				
4: July 20-24				
5: July 27-31				
6: Aug 3-7				
7: Aug 10-14				
8: Aug 17-21				

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 transportation.

Parent Signature: \_\_\_\_\_

Date \_\_\_\_\_ Registration DUE by May 8  
**\$175 Deposit Due upon Registration**

CHILD 1:

FULL NAME: \_\_\_\_\_ M/F \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ 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 WITH: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PARENT 1 CELL #: \_\_\_\_\_ HOME # \_\_\_\_\_ WORK # \_\_\_\_\_

PARENT 2 CELL #: \_\_\_\_\_ HOME # \_\_\_\_\_ WORK # \_\_\_\_\_

EMERGENCY CONTACTS AND PERMISSION TO PICK-UP:

NAME: \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE # \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE # \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE # \_\_\_\_\_

Notes: Children must be potty trained. If your child is prescribed an Epi-pen, 2 Epi-pens must be provided in order for your child to participate in the program, and staff trained in administering Epi-pens have permission to treat with the Epi-pen if needed. Field trips are at an additional cost. Registrants need not be Calvary Academy students. Parent Signature: \_\_\_\_\_ Comments: \_\_\_\_\_