



# Christian Life Academy SUMMER CAMP

2018

June 18 - August 17

For Children Ages 4-6 and Ages 7-11



<b>Week 1</b> Arts/Music & Dance	<b>Week 2</b> Camping	<b>Week 3</b> Solar/Science Experience	<b>Week 4</b> Beach Islands/Water Fun
<b>Week 5</b> Sea Life/Water Fun	<b>Week 6</b> Cooking/Cultural Connections	<b>Week 7</b> Carnival/Zoo Animals	<b>Week 8</b> Sports & Games

CLA Summer Camp is Monday thru Friday  
8:30 am - 12:30 pm \$100 per week

Camp plus hours until 3 pm  
8:30 am - 3:00 pm \$140 per week

Camp plus hours until 4 pm  
8:30 am - 4:00 pm \$180 per week

Camp plus hours until 5:30 pm  
7:30 am - 5:30 pm \$210 per week

Complete the back of this form and drop  
it off or mail to CLA. Camp forms are  
due 2 weeks before chosen camp dates.

Don't forget to pack a snack and lunch each day!

Join us each week for a new adventure!  
Fun for each age group!  
Our safe environment provides hands-on activities,  
games, crafts, music, field trips and more.  
Choose one week or several!

**Enroll Today!**  
Call 203-775-5191

**Christian Life Academy**  
133 Junction Road Brookfield, CT 06804



## Registration Form

This form may be duplicated. Please use one form per child.



Today's Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent/Guardian Names: \_\_\_\_\_

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

Upcoming Grade: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Gender: ☐ Male ☐ Female

Will you be driving your child to his/her program? ☐ Yes ☐ No If no, who? \_\_\_\_\_

Will you be picking up your child from his/her program? ☐ Yes ☐ No If no, who? \_\_\_\_\_

Emergency Contacts: Persons allowed to pick up your child and/or arrange for medical treatment if necessary:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Current health information the summer staff should be aware of: (allergies, asthma, diabetes, etc.)

\_\_\_\_\_

List all medications: \_\_\_\_\_

Photo release: My child has permission to be photographed. ☐ Yes ☐ No

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please indicate the week(s) you would like to sign up for:

☐ Week 1: June 18th-22nd ARTS/MUSIC & Dance (Cultural activities & plays, making scenery, acting out stories)

☐ Week 2: June 25th-29th CAMPING (Tents, s'mores, nature & scavenger hunts)

☐ Week 3: July 9th-13th SOLAR/SCIENCE EXPERIENCE (Glow in the dark, solar system, planets, sensory experiments)

☐ Week 4: July 16th-20th BEACH ISLANDS/WATER WEEK (Caribbean & Hawaiian Islands)

☐ Week 5: July 23rd-27th SEA LIFE/WATER WEEK (Sea animals - fish, shells, crabs, lobster & scuba divers)

☐ Week 6: July 30th-Aug 3rd COOKING/CULTURAL CONNECTIONS (Italy, France, USA, Mexico & Germany - measure, cook, bake & taste, YUM!)

☐ Week 7: Aug 6th-10th CARNIVAL/ZOO ANIMALS (Games, concession stands & face painting)

☐ Week 8: Aug 13th-17th SPORTS & GAMES WEEK (Summer Olympic games, baseball, kickball, basketball, soccer)

☐ Total week(s) x \$100 (8:30-12:30) \$140 (8:30-3:00) \$180 (8:30-4:00) \$210 (7:30-5:30) = Total \$ \_\_\_\_\_

(circle amount/s that apply)

### AUTHORIZATION FOR ACTIVITIES OFF SCHOOL GROUNDS & AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

I hereby consent to have my child participate in field trips supervised by the teaching staff—away from school grounds to nearby points of interest.

I hereby authorize Christian Life Academy to call an emergency ambulance in case of accident or acute illness, and to arrange for necessary emergency medical and surgical care, in case I am not immediately available. Any qualified physician, called by Christian Life Academy may treat and do whatever is necessary for the health and well-being of my child until I can be notified. Christian Life Academy may choose either Danbury or New Milford hospital, unless I/we specify a different hospital. It is understood that a conscientious effort must be made to notify the parents before such action will be taken.

SIGNATURE MOTHER: \_\_\_\_\_ DATE: \_\_\_\_\_

(OR) SIGNATURE FATHER: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE LEGAL GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_