

Registration Form

CLA Summer Camp 2024 (Ages 4-11)



Please use one form per child & complete both sides.

Today's Date: _____

Child's Name _____

Upcoming Grade: _____ Birth date: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: Mother: _____ Father: _____

Parent/Guardian Names: Mother: _____ Father: _____

Email: Mother: _____ Father: _____

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: _____

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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: _____

All New Students will need a medical form to enter.

CLA students 5 years & under should have a current health form on file. If not, our nurse will contact you.

Camp Hours: 8:30am- 3:00pm

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

_____ Week 1: July 8th-12th ~ **Camping Week**

_____ Week 2: July 15th-19th ~ **Science Week**

_____ Week 3: July 22nd-26th ~ **Ocean Week**

_____ Week 4: Jul. 29th-Aug. 2nd ~ **Cooking Week**

_____ Week 5: Aug. 5th-9th ~ **Around the World Week**

Summer Camp Payments (All Payments are due Monday Morning on the week of camp or before)

_____ **Total week(s) x \$225.** (8:30-3:00) (Students picked up after 3pm will be charged a late pick-up fee.)

= Total \$ _____

No payments will be processed before June 1st. All checks and cash will be held until June 1st.
In order to attend CLA's summer camp, your school's account balance must first be paid in full.

Students will need to bring a healthy bagged lunch (packed with an ice pack and in an insulated bag), snacks, extra change of clothes, sunscreen, & water bottle.

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: _____