



SUMMER CAMP 2026 EMERGENCY FORM

STUDENT INFORMATION

Student's First Name _____ Student's Last Name _____ Phone _____

Street Address _____ City _____ State _____ Zip _____

Current School _____ Grade Completed _____ Date Of Birth ____ / ____ / ____ Gender _____

Guardian Email used for communication _____

Father's Name _____ Cell _____ Work _____

Mother's Name _____ Cell _____

Student Lives with Both Parents Father Mother Other _____

MEDICAL INFORMATION

Insurance _____ Policy ID# _____ Phone _____

Physician _____ Insured Name _____ Relationship to Child _____

Does your child take regular medication? No Yes and Type: _____

Allergies _____ Inhaler _____

***Please complete the included supplemental forms if Medications, Allergies and/or Inhaler use is indicated.**

EMERGENCY CONTACTS

Emergency Contacts/ Carpool Information: Please list three local people whom we could call in case of emergency. Those listed will also be allowed to pick up the students if needed. Children will only be released into the care of a parent/guardian or those indicated on this form. We will assume that you hold to this plan unless you inform us with written permission in advance.

Contact #1 Name _____ Day Phone: _____

Cell Phone _____ Relationship _____

Contact #2 Name _____ Day Phone: _____

Cell Phone _____ Relationship _____

Contact #3 Name _____ Day Phone: _____

Cell Phone _____ Relationship _____

AUTHORIZATION

Authorization, consent, medical release for medical treatment, payment and permission to attend field trips off campus. This authorization is given pursuant to the provision of section 25.8 of the civil code of California. We the undersigned, parent(s)/guardian(s), do authorize personnel of Vacaville Christian Schools to give authorization for examination, medical or surgical diagnosis or treatment, and hospital care and ambulance transportation which is advisable by the surgeon licensed under the provision of the Medicine Practice Act, in the event of an emergency and the parent(s)/guardian(s) are unable to be reached. I agree to pay all/any expenses incurred heretofore. This authorization shall remain for the duration that my child attends Vacaville Christian Schools Summer Programs.

I, _____, am the parent (legal parent/guardian) of _____, who attends Vacaville Christian Schools Summer Programs. I have read and agree to the above, as well as all information on the General Information page in the brochure, including all financial and refund policies.

Parent/ Legal Guardian Signature: _____ Print Name: _____ Date: _____



SUMMER CAMP 2026 REGISTRATION FORM

Programs	Dates	Fee	Subtotal
MONTHLY CAMP			
<input type="checkbox"/> June Camp	6/1 - 6/30	\$1,540.00	\$ _____
<input type="checkbox"/> July Camp*	7/1 - 7/31	\$1,540.00	\$ _____
<input type="checkbox"/> August Camp	8/1 - 8/12	\$ 560.00	\$ _____

WEEKLY CAMP			
<input type="checkbox"/> Week 1	6/1- 6/7	\$ \$400.00	\$ _____
<input type="checkbox"/> Week 2	6/8- 6/12	\$ \$400.00	\$ _____
<input type="checkbox"/> Week 3	6/15 - 6/19	\$ 400.00	\$ _____
<input type="checkbox"/> Week 4	6/22 - 6/26	\$ 400.00	\$ _____
<input type="checkbox"/> Week 5*	6/29- 7/2	\$ 320.00	\$ _____
<input type="checkbox"/> Week 6	7/6- 7/10	\$ 400.00	\$ _____
<input type="checkbox"/> Week 7	7/13- 7/17	\$ 400.00	\$ _____
<input type="checkbox"/> Week 8	7/20 - 7/24	\$ 400.00	\$ _____
<input type="checkbox"/> Week 9	7/27 - 7/31	\$ 400.00	\$ _____
<input type="checkbox"/> Week 10	8/3- 8/12	\$ 400.00	\$ _____

DAILY CAMP			
<input type="checkbox"/> Daily	Any Day	\$ 130.00/day	\$ _____



Registration for Vacaville Christian School Summer Camp:

1. Complete the Summer Camp Registration Form **and** Emergency Form.
2. Bring completed forms to the Elementary or Middle School Office.
3. Registration Fee is due at the time of registering - \$135 per child.

Student's Name: _____

Daytime Contact Phone #: _____

Email: _____

Grade Completed 2025-2026: _____

School Attending 2026-2027: _____

Camp fees must be paid in full on the first day of the payment program chosen upon student drop-off. Payment must be made by cash or check only and submitted to Summer Camp staff.

Parent's Initials: _____ Date: _____

Vacaville Christian School students enrolled for the 2026-27 school year:

I understand that the first installment for tuition for the 2026-2027 school year is due on August 1, 2026.

Parent's Initials: _____ Date: _____

Summer Camp Hours
Monday - Friday | 6:30am- 6:00pm
***Closed Friday, July 3rd**

Office Use Only

Payment Received

Cash/ Check #

Received By

Date

Notes _____