



SUMMER CAMP 2023

REGISTRATION FORM

Programs Dates Fee Subtotal

MONTHLY CAMP

<input type="checkbox"/>	June Camp	6/5 - 6/30	\$1,500.00	\$ _____
<input type="checkbox"/>	July Camp*	7/3 - 7/31	\$1,500.00	\$ _____
<input type="checkbox"/>	August Camp	8/1 - 8/11	\$ 775.00	\$ _____

WEEKLY CAMP

<input type="checkbox"/>	Week 1	6/5 - 6/9	\$ 415.00	\$ _____
<input type="checkbox"/>	Week 2	6/12 - 6/16	\$ 415.00	\$ _____
<input type="checkbox"/>	Week 3	6/19 - 6/23	\$ 415.00	\$ _____
<input type="checkbox"/>	Week 4	6/26 - 6/30	\$ 415.00	\$ _____
<input type="checkbox"/>	Week 5*	7/3 - 7/7	\$ 375.00	\$ _____
<input type="checkbox"/>	Week 6	7/10 - 7/14	\$ 415.00	\$ _____
<input type="checkbox"/>	Week 7	7/17 - 7/21	\$ 415.00	\$ _____
<input type="checkbox"/>	Week 8	7/24 - 7/28	\$ 415.00	\$ _____
<input type="checkbox"/>	Week 9	7/31 - 8/4	\$ 415.00	\$ _____
<input type="checkbox"/>	Week 10	8/7 - 8/11	\$ 415.00	\$ _____

DAILY CAMP

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

Enrichment Classes are 6-week Sessions, beginning the week of June 12th - July 28th.

*Please note there will be no classes week of July 3rd.

Class	Days	Times	Fee	Subtotal
<input type="checkbox"/> Art (K- 8th)	Mondays	1:00 - 2:00 pm	\$ 275.00	\$ _____
<input type="checkbox"/> Culinary (K- 8th)	Mondays	9:00 - 10:00 am	\$ 285.00	\$ _____
<input type="checkbox"/> Chess (K- 8th)	Tuesdays	1:30- 2:30 pm	\$ 265.00	\$ _____
<input type="checkbox"/> Drama (K- 8th)	Tuesdays	1:30- 2:30 pm	\$ 365.00	\$ _____
<input type="checkbox"/> Dance (K- 8th)	Thursdays	1:30- 2:30 pm	\$ 365.00	\$ _____
<input type="checkbox"/> Pottery (1st- 8th)	Fridays	1:30- 3:30 pm	\$ 365.00	\$ _____

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 - \$110 per child.

Student's Name: _____

Daytime Contact Phone #: _____

Email: _____

Grade Completed 2022-23: _____

School Attending 2023-24: _____

Camp fees and Enrichment Class fees must be paid in full on the first day of that program 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 2023-24 school year:

I understand that the first installment for tuition for the 2023-24 school year is due on August 1, 2023.

Parent's Initials: _____ Date: _____

Summer Camp Hours
Monday - Friday | 6:30 am- 6:00 pm
*Closed Tuesday, July 4th



OFFICE USE ONLY

Payment Received _____

Cash/ Check # _____

Received By _____

Date _____



SUMMER CAMP 2023

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 _____ Work _____

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: _____