



# Summer Camp Registration 2025

Monday June 2<sup>nd</sup> through Friday August 1st, 2025

7:30am to 5:30 pm

Activities and Academics Everyday

Registration/Activity Fee \$100 per student

Summer Camp tuition \$195 per week/student or \$1755/student for all 9 weeks.

Payments are due Friday for following week. Pay in full is due June 2<sup>nd</sup>, 2025.

**Communication for summer camp will be email, please be sure we have the most current email address on file.**

Students Name: \_\_\_\_\_

Grade Entering for 25/26 \_\_\_\_\_ DOB \_\_\_\_\_ Sex M \_\_\_ F \_\_\_

Parent Name: \_\_\_\_\_ Phone number \_\_\_\_\_

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

Emergency Contacts **other than parents:**

Name \_\_\_\_\_ Cell # \_\_\_\_\_

Name \_\_\_\_\_ Cell # \_\_\_\_\_

Additional Pick-up List:

Name \_\_\_\_\_ Cell # \_\_\_\_\_ Relation \_\_\_\_\_

Name \_\_\_\_\_ Cell # \_\_\_\_\_ Relation \_\_\_\_\_

Name \_\_\_\_\_ Cell # \_\_\_\_\_ Relation \_\_\_\_\_

12820 Indian School Rd. Albuquerque, New Mexico 87112

(505) 842-8681

ccaoffice@calvarychristianabq.com

<https://www.calvarychristianacademyabq.org>



# *Summer Camp Registration 2025*

A student may be photographed or videotaped by the school in the course of summer activities and may be used in promotional or advertising material. Including the use of video and still photos on the school's website. Calvary Christian Academy reserves the right to use any students' photo for publicity purposes. CCA will use discretion.

I have authority to give consent on behalf of the above-mentioned child. Therefore, I give permission for my child to participate in all summer activities, including transportation via parent volunteer or school van. I understand that the children will be accompanied by the staff at all times and I release Calvary Christian Academy from all liability. I understand that in the case of illness/emergency of my child, the supervising adult has consent to approve any necessary medical treatment and/or hospital care. Please provide CCA with your preferred hospital choice. \_\_\_\_\_

A student's attitude is very important as well as the parent's attitude and spirit of cooperation. Together we can accomplish much, CCA desires to achieve the best for all the students and as a result, we have set forth certain guidelines to help our students achieve and maintain high standards. Please review the guidelines in the student handbook with your student before signing this application, so you both have an understanding of the school's principals and policies. Students will need to turn in any electronic device for the duration of the day. CCA's summer camp will hold the same policy as school, NO CELL PHONES, SMART WATCHES, or ANY OTHER TECHNOLOGY during the day.

Student Affirmation: I will refrain from un-Christian behavior as per the CCA's student handbook. I will treat my teachers and other supervising staff with respect and will obey their authority. I have read CCA's student handbook and agree to all the policies thereof.

Student Signature: \_\_\_\_\_ Date \_\_\_\_\_

In signing this application for my student, it is my desire to have him/her participate in 2025 summer camp. I understand CCA has the right to suspend my child from participating in the summer camp activities, if my child is disobedient and/or disrespectful to summer camp staff. It is also my understanding that the policy of CCA is to make no refunds on fees paid in advance. I have read all fee and conditions as itemized in this application and agree to pay by June 5<sup>th</sup> for pay in full or every Friday for following week.

Father/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Mother/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please note any student left after 5:30, parents will be charged an \$1.00 minute for care.**

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# *Summer Camp Registration 2025*

Payment can be cash, check, or credit card.

Credit Card Information

Name on card \_\_\_\_\_

Card # \_\_\_\_\_ Expiration date \_\_\_\_\_

CVC # \_\_\_\_\_ Billing Zip code \_\_\_\_\_

We will run your card on Fridays for the following week of summer camp.

Please be sure to let Mrs. Coriz know if you will not be at summer camp, to ensure correct billing.

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## Allergies

Please write down any allergies your child may have and return this paper to camp.  
We bake at camp and want to be aware of any allergies. Thank you.

Student's Name \_\_\_\_\_

Allergies:

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## Estimated Attendance

To help with planning how many kids will go on field trips and how much craft or cooking supplies will be needed, will you please give an estimate of what weeks you may have your child attend. Don't worry this is not set in stone, it is just to give us a feel of what to expect. Field trips are on the calendar attached.

- All 9 weeks
- Week 1 June 2nd
- Week 2 June 9th
- Week 3 June 16th
- Week 4 June 23rd
- Week 5 June 30<sup>th</sup> (camp will be closed July 3<sup>rd</sup> and 4<sup>th</sup>)
- Week 6 July 7th
- Week 7 July 14th
- Week 8 July 21st
- Week 9 July 28th

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