

**Abundant Life Christian Academy
Summer Camp 2026 Registration form**

Please complete this form in its entirety; missing information will delay the registration process.

Check all that apply:

_____ I am registering my child for Preschool camp ages 2-5

_____ I am registering my child for Elementary camp Kindergarten to 5th grade

ALL CAMPS, SCHOOL ADMINISTRATIVE OFFICES CLOSED: JULY 3rd AND 6th

AS WE OBSERVE INDEPENDENCE DAY.

Student Information:

Camper 1: Student Name: _____ **Birth Date** ____/____/____

_____ Male _____ Female **CURRENT GRADE (AUG. 2025 – JUNE 2026)** _____

Ethnicity: _____ T-Shirt Size _____

Camper 2: Student Name: _____ **Birth Date** ____/____/____

_____ Male _____ Female **CURRENT GRADE (AUG. 2025 – JUNE 2026)** _____

Ethnicity: _____ T-Shirt Size _____

Camper 3: Student Name: _____ **Birth Date** ____/____/____

_____ Male _____ Female **CURRENT GRADE (AUG. 2025 – JUNE 2026)** _____

Ethnicity: _____ T-Shirt Size _____

Camper 4: Student Name: _____ **Birth Date** ____/____/____

_____ Male _____ Female **CURRENT RADE (AUG. 2025 – JUNE 2026)** _____

Ethnicity: _____ T-Shirt Size _____

What Language would you prefer for school to home communication? ____ English ____ Other

Please Specify: _____

Permanent Address _____ City _____ State _____ Zip _____

Home Phone _____ Email _____

Mother's / Guardian's Name _____

Day Phone _____ Cell _____ Texts ____ Yes ____ No ____

Father's / Guardian's Name _____

Day Phone _____ Cell _____ Texts ____ Yes ____ No ____

Emergency Contacts (other than parent) Authorized for pick up:

1. Name _____ Contact Number: _____

2. Name _____ Contact Number: _____

3. Name _____ Contact Number: _____

4. Name _____ Contact Number: _____

Are any of the children noted in this registration currently enrolled in a **Special Education Program**?
____ Yes ____ No

If **yes**, which student and what's the name of the program?

Medical Information: Each camper must register with current immunization records and a wellness check upon registration.

If medical care is necessary, call:

____ Mother ____ Father ____ Other: _____

Hospital:

Do any of the student(s) registered have a health/medical concern/need or food allergy? ____ Yes ____ No

If **yes**, please explain:

Will they take daily medication during Summer School? ____ Yes ____ No

Medication name _____ Dosage _____

*Please be advised that all prescribed medication **MUST** be sent to camp with a doctors note stating the exact dosage, labeled with the child's name, and name of the medication. All meds will be kept the nurse's office and camp administrators. Campers are prohibited from carrying medication during the camp.

Camp Fees

Registration Fee: \$50 (one time non-refundable)

WEEKLY RATE: \$200 - Campers are required to bring a refillable water bottle, additional morning/afternoon snacks. Lunches from home must be non-microwaveable.

T-SHIRTS – Purchase \$10

Will You Be Needing These Services Weekly?

____ **Early Bird Drop-off Fee** (7:30 am – 8:30 am): \$6.00 per day/per child

____ **Aftercare After Care Pickup Fee** (3:30 pm – 5:30 pm): \$15 per day/per child

Camp fees are paid online only and are due no later than 3:30pm on the Friday BEFORE the new week of camp starts to secure your child's placement in the program. All fees are non-refundable.

Credit/Debit Cards will only be accepted online through **FACTS**

Media Release: Select your preference.

____ **I WOULD** like my child to be photographed during ALCA's Summer Program activities and projects. I understand that these photos will be used for school and program promotional purposes.

____ **I WOULD NOT** like my child to be photographed during ALCA's Summer Program activities and projects. I understand that these photos will be used for school and program promotional purposes.

Signature of Parent/Legal Guardian

Date



Program Questions?

Please call ALCA's school office **Monday - Friday 8:30 a.m. - 3:30 p.m.**

Your camp Director is Sarah Perez.

Contact 954-979-2665 or email sperez@alcaeagles.com