

CALVARY CHRISTIAN SCHOOL

4345 Inn Street, Triangle, VA 22172 • 703.441.6868



SUMMER BLAST DAY CAMP ENROLLMENT • 2024

FAMILY INFORMATION			
PARENTS' NAMES:			
ADDRESS:		HOME PHONE:	
FATHER		MOTHER	
EMAIL:		EMAIL:	
CELL PHONE:		CELL PHONE:	
WORK PHONE:		WORK PHONE:	
STUDENT INFORMATION - TO BE ENROLLED			
STUDENT LEGAL NAME (LAST, FIRST, MIDDLE)	DATE OF BIRTH	GRADE	CAMPER T-SHIRT SIZE
			XS S M L XL AS AM AL AXL
			XS S M L XL AS AM AL AXL
			XS S M L XL AS AM AL AXL
			XS S M L XL AS AM AL AXL

Anticipated AM Drop-off Time: _____ Anticipated PM Pick-up Time: _____

PLEASE READ AND SIGN:

I understand that based on the payment of \$100 registration fee and the submission of the enrollment and health forms, a space for my child will be saved in the 2024 Summer Blast Day Camp. I also understand that the cost for the 10-week camp is \$2,700. This amount will be drafted from my checking account in five installments of \$540 each on the dates stated in the camp information. I understand that there are no discounts for days missed during a week or for weeks taken for vacation as these items have been taken into consideration in the price structure. In the event I choose a limited number of weeks, the space will be saved, and if my child does not attend, I understand that I am still responsible for the camp fees. Finally, I agree to support the Calvary Christian School Administration and Camp Staff with prayer and deed.

Payment Method:

In consideration of the payment calculated using the tuition and fees worksheet on the reserve side, we authorize Calvary Christian School to:

- Please use the same account number and date that is on file for ACH tuition withdrawals.
- I am attaching a new, completed ACH Form for summer payments. (Attach only if a different account.)
- I am attaching a check for payment in full for the summer.
- I am attaching a check for the weeks chosen.

PARENT/GUARDIAN SIGNATURE & DATE

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