

SESSIONS

FULL CAMP (BOTH SESSIONS):
JULY 28-AUG 22

SESSION 1: JULY 28-AUG 8

SESSION 2: AUG 11-AUG 22

HOURS

MON-FRI

9AM-3PM

EXTD CARE: 4PM

AGES

GROUP 1:
4Y-9Y

GROUP 2:
10Y-16Y

RATES

FULL CAMP: 1450

SINGLE SESSION: 780

REGISTRATION*: 50

DEPOSIT: 250

EXTENDED CARE: 10/HR

**DEPOSIT &
REGISTRATION
DUE BY JUN 19**

SCHOOL'S OUT Summer Camp

**CRITICAL
THINKING**

**CAMPING
SKILLS**

**ARTS &
CRAFTS**

**OUTDOOR
GAMES**

**TEAM
SPORTS**

**S.T.E.M.
LABS**

**NATURE
ACTIVITIES**

**COGAT
PREP**

2025 PROGRAM



[LIGHTOFFAITH.ORG/ACADEMY/SUMMER-CAMP](https://lightoffaith.org/academy/summer-camp)

[BIT.LY/SCHOOLSOUTSUMMERCAMP](https://bit.ly/schoolsoutsummercamp)

MAKE SUMMER A BLAST!

AFTER A YEAR OF WORKING HARD, WHO DOESN'T WANT TO CELEBRATE BY HEADING OUTSIDE, FINDING SOME FRIENDS, AND GETTING CREATIVE! WITH TWO PROGRAMS (AGES 4-9 AND AGES 10-16), THE SCHOOL'S OUT SUMMER CAMP GIVES KIDS AN OPPORTUNITY TO NOT ONLY AVOID BEING COOPED UP AT HOME, BUT KEEP THEIR BODIES AND MINDS ACTIVE IN A FUN WAY.

WE ARE EXPERTS WHEN IT COMES TO HAVING FUN AND BEING ADVENTUROUS— WHETHER ITS AN OBSTACLE COURSE WITH BUBBLE MACHINES, MESSY CRAFTS, BADMINTON WITH GIANT BALLOONS, OR AN ICE CREAM SUNDAE BUFFET, CAMPERS WILL NEVER BE BORED AS THEY EXPLORE, GROW, AND DISCOVER WITH ONE ANOTHER.

ENJOY SUMMER WITH FRIENDS!





2025

REGISTRATION & SAFETY INFORMATION

CAMPER INFORMATION: NAME: _____

ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____ GENDER: ☐ M ☐ F AGE: _____

BIRTH DATE: ____/____/____ GRADE (in coming fall): ____ PHONE: (____) _____ - _____

PRIMARY EMAIL: _____

PARENT/GUARDIAN 1: NAME: _____

ALLOWED TO PICK UP CHILD: ☐ Y ☐ N PHONE: (____) _____ - _____

EMPLOYER & TITLE (Title Optional): _____

PARENT/GUARDIAN 2: NAME: _____

ALLOWED TO PICK UP CHILD: ☐ Y ☐ N PHONE: (____) _____ - _____

EMPLOYER & TITLE (Title Optional): _____

EMERGENCY CONTACT: NAME: _____

PICK UP: ☐ Y ☐ N PHONE: (____) _____ - _____ RELATION _____

MEDICAL INFORMATION:

MEDICAL CARE PROVIDER: _____

ADDRESS: _____

PHONE: (____) _____ - _____ DATE OF LAST EXAM (mm/dd/yy): ____/____/____

DENTAL CARE PROVIDER: _____

ADDRESS: _____

PHONE: (____) _____ - _____ DATE OF LAST EXAM (mm/dd/yy): ____/____/____

DATE OF LAST TETANUS SHOT (mm/dd/yy): ____/____/____

The LFCA Summer Camp team seeks to meet the needs of all campers and families. Please fill out the following information carefully.

LIMITATIONS, CONDITIONS, SPECIAL NEEDS: _____

ALLERGIES/DIETARY NEEDS: _____

MY CHILD MAY SIGN THEMSELF IN/OUT: ☐ Y ☐ N

INDIVIDUAL CAMPER NEEDS:

If your child needs medication or an emergency action plan, please request forms from the Academy Office. You can also e-mail summercamp@lightoffaith.org.

ALTERNATE PICKUP AUTHORIZATIONS & RESTRICTIONS (Optional):

#1: NAME: _____

PICK UP: ☐ Y ☐ N PHONE: (____) _____ - _____ RELATION _____

#2: NAME: _____

PICK UP: ☐ Y ☐ N PHONE: (____) _____ - _____ RELATION _____

Our camps follow many health and safety-related policies and procedures. By signing below, you indicate you have received a copy of these documents and that you understand it is your responsibility to review these documents describing the camp's policies and procedures. Copies may be obtained at the Academy Office.

RELEASE/PARTICIPATION (Includes Transportation): I am the parent/guardian of the participant. I give permission for my child to participate in LFCA activities including transportation. I understand that accidents can sometimes happen. Therefore, in exchange for LFCA allowing my child to participate in LFCA activities, I understand and expressly acknowledge that I release LFCA, its employees, boards, members, volunteers or guests from all liability for any injury, loss or damage connected in any way whatsoever to participation in LFCA activities whether on or off LFCA's premises and including transportation. I understand that this release includes any claims based on negligence, action or inaction of the LFCA, its employees, boards, members, volunteers or guests.

MEDICAL TREATMENT: I give permission for LFCA staff or volunteers to provide emergency medical treatment for my child, and to transport to an emergency center for treatment. Also, I consent to medical treatment for my child deemed immediately necessary or advisable by a physician.

INSURANCE: I understand that the LFCA does not provide any accident or health insurance for its members or participants and further understand it is my responsibility to provide such coverage.

MEMBER CONDUCT: I agree for myself and my child to abide by the LFCA code of conduct and all policies and procedures of Light of Faith Christian Academy.

PROPERTY LOSS: LFCA is not responsible for personal property lost, damaged or stolen while using LFCA facilities, including parking lots, or participating in LFCA programs. This includes, but is not limited to, cell phones, electronics, and other personal items.

PHOTOGRAPH PERMISSION: I give permission for LFCA to use, without limitation or obligation, photographs, film footage or tape recordings which may include my child's image, voice, or artwork for purposes of promoting or interpreting LFCA programs.

BILLING AGREEMENT: I understand that failure to pay summer camp fees means my child will not be permitted to attend LFCA Summer Camp until the balance is resolved, including any and all late fees.

SIGNATURES:

FATHER SIGNATURE : _____ **DATE:** ____/____/____

MOTHER SIGNATURE: _____ **DATE:** ____/____/____

<input checked="" type="checkbox"/>	Session:	Session Cost	Dates	Fee	Deposit
	FULL 9am-3pm	1450	Jul 28 -Aug 22	\$	\$
	Session 1 9am-3pm	\$780	Jul 28-Aug 8	\$	\$
	Session 2 9am-3pm	\$780	Aug 11--Aug 22	\$	\$

Detach and submit with Registration and Deposit by Jun 19.

+ \$50 REGISTRATION

TOTAL	\$	\$
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