



Vacaville Christian Schools

Summer Camp 2019 Registration

Monthly Camp K-8th Grade Only

Programs	Dates	Days	Times	Fees	Subtotal
June Camp	<input type="checkbox"/> 6/3-6/28	M-F	6:30am-6:00pm	\$985	\$ _____
July Camp	<input type="checkbox"/> 7/1-7/31 (closed July 4th -5th)	M-F	6:30am-6:00pm	\$985	\$ _____
August Camp	<input type="checkbox"/> 8/1-8/9	M-F	6:30am-6:00pm	\$465	\$ _____

Weekly Camp K-8th Grade Only

*Weekly Camp	<input type="checkbox"/> 6/3-6/7	M-F	6:30am-6:00pm	\$360	\$ _____
**Weekly Camp	<input type="checkbox"/> 6/10-6/14	M-F	6:30am-6:00pm	\$360	\$ _____
**Weekly Camp	<input type="checkbox"/> 6/17-6/21	M-F	6:30am-6:00pm	\$360	\$ _____
**Weekly Camp	<input type="checkbox"/> 6/24-6/28	M-F	6:30am-6:00pm	\$360	\$ _____
**Weekly Camp	<input type="checkbox"/> 7/1-7/3 (closed July 4th-5th)	M-T	6:30am-6:00pm	\$195	\$ _____
**Weekly Camp	<input type="checkbox"/> 7/8-7/12	M-F	6:30am-6:00pm	\$360	\$ _____
**Weekly Camp	<input type="checkbox"/> 7/15-7/19	M-F	6:30am-6:00pm	\$360	\$ _____
**Weekly Camp	<input type="checkbox"/> 7/22-7/26	M-F	6:30am-6:00pm	\$360	\$ _____
**Weekly Camp	<input type="checkbox"/> 7/29-8/2	M-F	6:30am-6:00pm	\$360	\$ _____
*Weekly Camp	<input type="checkbox"/> 8/5-8/9	M-F	6:30am-6:00pm	\$360	\$ _____

Daily & Hourly Drop-In Rates K-8th Grade Only

Daily	<input type="checkbox"/> Any Day	M-F	6:30am-6:00pm	\$120 / day	\$ _____
Hourly up to 3 hours	<input type="checkbox"/> Any Day	M-F	6:30am-6:00pm	\$15/ hour	\$ _____

Enrichment Classes K-8th Grade Only

Spanish					
Session 1 (K-8th)	<input type="checkbox"/> 6/7, 14, 21, 28	Fridays	9:00am-10:00am	\$180	\$ _____
Session 2 (K-8th)	<input type="checkbox"/> 7/12, 19, 26,	Fridays	9:00am-10:00am	\$180	\$ _____

Love to Sew					
Session 1 (3rd-8th) (Includes all material needed for class)	<input type="checkbox"/> 6/11, 18, 25, 7/2, 7/9	Tuesdays	9:30am-11:30am	\$225	\$ _____

Culinary Class					
Session 1 (K-8th) (Includes all material needed for class)	<input type="checkbox"/> 7/22, 23, 25, 26	M/T/TH/F	10:00am-11:30am	\$225	\$ _____

Science					
Session 1 (K-8th) (Includes all material needed for class)	<input type="checkbox"/> 6/10, 13, 17, 20	M/TH	9:30am-11:00am	\$195	\$ _____

Registration Form

Please fill out both sides of this form.

For a complete brochure, visit www.go-vcs.com/newsevents/summer-camp

Student's Last Name _____

Student's First Name _____

Daytime Contact Number _____

Parent Email Address _____

Grade Completed in 2018-2019: _____

School Attending for 2019-2020: _____

***Daily & weekly 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: _____

VCS Students Enrolled for the 2019-2020 School Year:

I understand that the first installment for tuition for the 2019-2020 school year is due August 1, 2019.

Parent's initials: _____ Date: _____

	Office Use Only
Registration Fee	\$100.00 (Non-refundable)
Payment Received	\$ _____
Check# / Cash	_____
Received by:	_____
Date:	_____

	Office Use Only
June Camp	
Camp	\$ _____
Enrichment	\$ _____
Total Due:	\$ _____

	Office Use Only
July Camp	
Camp	\$ _____
Enrichment	\$ _____
Total Due:	\$ _____

	Office Use Only
August Camp	
Camp	\$ _____
Enrichment	\$ _____
Total Due:	\$ _____

***Summer Camp Drop-Off and Pick-Up for Week 1 & 10 will be at the Davis Street Campus, located at 1117 Davis Street, Extended Care Office.**
****Summer Camp Drop-Off and Pick-Up for Weeks 2-9 will be at the High School Campus located at 821 Marshall Road.**



How to Register for Summer Programs:

- 1. Complete the Summer Camp Registration Form and Emergency Form.
2. Bring both completed forms to the Elementary or Middle School Office.
3. Registration Fee is due at the time of registering - \$100 per child.

*For payment/financial information, please see the inside cover of the Summer Brochure or visit: www.GO-VCS.com/newsevents/summer-camp

Student's Last Name: Student's First Name: Phone:

Street Address: City: State Zip

Current School: Grade Completed: Birth Date: Gender: M / F

Guardian Email Address used for Communication:

Father's Name: Cell: Work:

Mother's Name: Cell: Work:

Student lives with: Both Parents Mom Dad Other

Row of 30 small circles for marking

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/ Carpool Information: Please list three local people whom we could call in case of emergency.

Name #1: Day Phone:

Cell: Relationship:

Name #2: Day Phone:

Cell: Relationship:

Name #3: Day Phone:

Cell: Relationship:

Parental Agreement:

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.

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: