

A B C D E

## Kindergarten Summer Camp

8:00-4:00 Monday-Friday for 9 weeks  
June 8<sup>th</sup>- August 7<sup>th</sup>

(Extended hours are available until 6:00 p.m.)

Believe it or not, it is time to start making plans for summer! We are happy to be offering summer camp again this year at CLA. Summer Camp will be available for 9 weeks starting June 8<sup>th</sup> and ending August 7<sup>th</sup> (excluding July 3<sup>rd</sup>). Our price will remain the same as last year at **\$250.00 a week**. All full-time summer camp students are automatically enrolled in summer school at **no extra charge**.

Our Summer Camp is a wonderful way for your child to stay connected with their school friends and remain strong academically. We offer competitively priced childcare in a loving Christian environment. Please consider joining us for summer camp, summer school, daily activities, snacks, games, recess, water sports, computer lab, and much more. For an additional fee, extended hours are available until 6:00 p.m. A customized schedule for your child can also be arranged.

This camp fills up quickly so please fill out the attached form and return it to Mrs. Monasterio (or your preschool teacher) as soon as possible. Another option is to fill out an application online using your credit card on the Christian Liberty website. If you have any questions please feel free to contact me.

[missy.monasterio@christianliberty.com](mailto:missy.monasterio@christianliberty.com) or (847) 385-2072

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# Kindergarten Summer Camp

## Student Information

Student's name: \_\_\_\_\_

Home address: \_\_\_\_\_

Doctor's name & phone number: \_\_\_\_\_

Please list any known allergies: \_\_\_\_\_

Email \_\_\_\_\_

List any social, emotional, or physical issues that we should know about: \_\_\_\_\_

## Parental Information

Father's name and cell number: \_\_\_\_\_

Mother's name and cell number: \_\_\_\_\_

Please list any people other than parents who are authorized to pick up your child.

1. Name \_\_\_\_\_ Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_

## Payment Information

Name as it appears on the credit card \_\_\_\_\_

Circle one: Visa or Master Card

Expiration date: \_\_\_\_\_ three digit code \_\_\_\_\_

Checks are to be made out to **Christian Liberty Academy**

Credit card# \_\_\_\_\_

A full payment of \$2250.00 \_\_\_\_\_

First payment of \$1125.00 \_\_\_\_\_

Final payment of \$1125.00 \_\_\_\_\_ (please initial) I give permission to run this credit card on May 15, 2020 for my final payment. \_\_\_\_\_

A processing fee of 3.75% will be applied to your payment.

Custom camp schedule \$ \_\_\_\_\_

\* There will be no reimbursements after May 15, 2020