Contact Us

Christ Lutheran School
7701 Candelaria Rd NE
Albuquerque, NM
87110
(505) 884-3876

Visit us on the web:
www.clsabq.com

PLACE
STAMP
HERE

Christ Lutheran Summer Camp
7701 Candelaria Rd NE
Albuquerque, NM 87110

CHRIST
LUTHERAN
SCHOOL

SUMMER CAMP 2025

Dates:

June 2nd - July 25th

Ages:

2 Years Old-Fifth Grade

Times:

9:00AM - 4:00PM

Cost:

$200 for full week
or
$45 per day
Extended Care $6/hr
Activities Fee $5-$15/day
(depending upon the activity)

Reservations are required!

Weekly Themes

Week 1
June 2 - 6
Pirates and Mermaids

Week 2
June 9 - 13
VBS- Wonder Junction

Week 3
June 16 - 20
Creepy Crawlies

Week 4
June 23 - 27
Ooey Gooey Science

Week 5
June 30 - July 3
Stars and Stripes

Week 6
July 7 - 11
Kids in the Kitchen

Week 7
July 14 - 18
Under the Stars

Week 8
July 21 - 25
Winter In July

Penguins-those who just completed P2

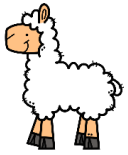
Jesus Time
Music & Movement
Nap Time
Science Projects
Cooking
Play
Art Projects
Center Time
Story Time
Water Play
Inside/Outside

Dolphins-those who just completed P3&PreK

Jesus Time
Cooking
Science Projects
Nap Time
Music & Movement
Art Projects
Center Time
Story Time
Inside/Outside Play
Water Play

Pandas- those who just completed K & 1st

Jesus Time
Music & Movement
Cooking
Water Play
Art Projects
STEM
Inside/Outside Play



Llamas- those who just completed 2nd-5th

Jesus Time
Music & Movement
Cooking
Swimming
Art Projects
STEM
Inside/Outside Play
Field Trips

Christ Lutheran Church and School

2025 SUMMER CAMP REGISTRATION FORM

TEL: 505-884-3876 **FAX:** 505-888-0655 **WEB:** www.clsabq.com

ADDRESS: 7701 Candelaria Road NE, Albuquerque, NM 87110

CONTACT INFORMATION

Child's Name: _____DOB: _____Age: _____

Last Grade Completed: _____Allergies/Health Conditions: _____

Child's Name: _____DOB: _____Age: _____

Last Grade Completed: _____Allergies/Health Conditions: _____

Child's Name: _____DOB: _____Age: _____

Last Grade Completed: _____Allergies/Health Conditions: _____

Address: _____City: _____Zip: _____

Parent(s)/Guardian(s) Name(s): _____

Email Address: _____Home Phone: _____

Cell Phone: _____Work Phone: _____

Please note the following list of items required to register your child(ren) for Summer Camp:

- This completed registration form and a $50 registration fee.
- Completed Emergency Form with **at least 3** emergency contacts with whom your child(ren) do not reside.
- Child(ren)'s Immunization Record (your doctor may fax to 505-888-0655).

Summer Camp runs weekly beginning Monday, June 2nd, through Friday, July 25th. Summer Camp hours are 9:00 am to 4:00 pm. Fees are billed monthly at a rate of $200 for a full week or $45 per day for part-time attendance. Special event information will be communicated at the beginning of each week (some events may have an extra fee ranging from $5 - $15).

Extended Care will be available July 28th-August 8th from 7:30 am to 5:30 pm at a rate of $6 per hour. Morning and afternoon care will be available June 2nd– July 25th from 7:30 am to 9:00 am and 4:00 pm to 5:30 pm.

Please have all schedule changes turned in by June 1st. You will be billed what you are signed up for each month. No refunds.

Summer Camp Enrollment Agreement:

_____I/We understand that unless prior arrangements are made with the director, Summer Camp fees will be billed through FACTS. Invoices will be sent electronically at the beginning of June and July. **All days registered for will be billed no matter what. No refunds.**

_____I /We understand that our child(ren) may be unenrolled in the Summer Camp Program if we do not maintain current status with FACTS.

_____I/We am/will be responsible for replacement costs, if our child(ren) cause(s) damage to equipment, books, building, or other school property due to vandalism or misuse.

_____I/We understand that I/we am/are responsible for all attorney fees if legal action is pursued to collect outstanding account balances.

_____I/We understand Christ Lutheran Church and School reserves the right to dismiss, suspend, or expel any child for violation of any provision relating to conduct set forth in the handbook, or rules and regulations adopted by the Board of Christian Education. Including but not limited to the conviction or equivalent of a crime, or failure to abide by the terms of this agreement.

———- I/We understand that Christ Lutheran Church and School does not assume responsibility for illness or other health conditions requiring medical attention during the day including but not limited to dental work, glasses, prescriptions, special nursing care, doctor's calls at school or any other special services. I/We also agree to release any claim of liability demand or damages arising from the school's actions in administering medication or providing emergency medical services to my/our child(ren).

———- I/We have received and read the student/parent handbook, accept the terms of enrollment as stated above and affirm that by signing below, I/we am/are entitled to a contract for the education of my/our child(ren) at Christ Lutheran Summer Camp.

_____ _____ _____

Parent/Guardian Signature Print Name Date

_____ _____ _____

Parent/Guardian Signature Print Name Date

Please fill in your child(ren)'s name on each day they will be attending Summer Camp on the calendars on the back of this page.

$200 for full week or $45 a day for part time.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2 Week 1: Pirates and Mermaids	3	4	5	6	7
8	9 Week 2: VBS– Wonder Junction	10	11	12	13	14
15	16 Week 3: Creepy Crawlies	17	18	19	20	21
22	23 Week 4: Ooey Gooey Science	24	25	26	27	28
29	30 Week 5: Stars and Stripes					

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		1	2	3	4 Closed 4th of July	5
6	7 Week 6: Kids in the Kitchen	8	9	10	11	12
13	14 Week 7: Under the Stars	15	16	17	18	19
20	21 Week 8: Winter In July	22	23	24	25	26
27	28 Extended Care	29 Extended Care	30 Extended Care	31 Extended Care		

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
					1 Extended Care	2
3	4 Extended Care	5 Extended Care	6 Extended Care	7 Extended Care	8 Extended Care	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24 31	25	26	27	28	29	30

Please have all schedule changes turned in by June 1st. You will be billed what you are signed up for each month. No refunds.

Emergency Contact Information

Christ Lutheran Church and School
7701 Candelaria NE Albuquerque, NM 87110 * Phone: 505-884-3876 * Fax: 505-888-0655

Child's Name:_____ **DOB:**_____ **Grade:**_____

Street Address:_____ **City:**_____
State:_____ **Zip:**_____ **Home Phone #:**_____

Father's Name:_____ **Cell Phone #:**_____
Employer:_____ **Work Phone #:**_____
Email:_____

Mother's Name:_____ **Cell Phone #:**_____
Employer:_____ **Work Phone #:**_____
Email:_____

With whom does the child reside?_____

Emergency and Pick Up Contacts

(Please list at least three (3) emergency contacts other than Mother and Father.)
I authorize CLCS to release my child to the following person only.

	Name	Relationship	Home #	Cell #
Emergency Contact 1				
Emergency Contact 2				
Emergency Contact 3				
Emergency Contact 4				
Emergency Contact 5				
Emergency Contact 6				

Medical Information

Physician Name:_____ **Physician Phone #:**_____

An up-to-date record of your child's immunizations must be provided prior to them starting school.

ALLERGIES	Special Notations
	My child is allergic to the following (drugs, food, insect bites, etc. If none please write NONE.)

If my child becomes ill or has an accident and I cannot be reached, I request that the physician listed be called to render first aid and or emergency treatment. I will pay for physician's fees and any emergency care provided. If necessary, I authorize emergency treatment by any licensed physician or hospital.

Please Circle Permission Choice: YES NO
Hospital Preference:_____ **Address:**_____

Father's Signature:_____ **Date:**_____
Mother's Signature:_____ **Date:**_____

Parent's/Guardian's Permission to Apply Sunscreen to Child

Name of Child: _____

As the parent or guardian of the above child, I recognize that too much sunlight may increase my child's risk of getting skin cancer someday. Therefore, I give my permission for personnel at **Christ Lutheran School** to apply the provided sunscreen from home to my child when he or she will be playing outside, especially during the months of June and July, and between the daily times of 8 a.m. and 4 p.m. I understand that sunscreen may be applied to exposed skin, including but not limited to the face, tops of the ears, nose and bare shoulders, arms, and legs.

I have provided the following brand/type of sunscreen for use on my child:

_____

My child is allergic to some sunscreens. Please use only the following brand(s) and type(s) of sunscreen:

_____

For medical or other reasons, please do not apply sunscreen to the following areas of my child's body:

_____

Parent/Guardian full name (print):_____

Parent/Guardian signature:_____

Date:_____