



PLACE  
STAMP  
HERE



# SUMMER CAMP 2026



## Contact Us

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

Visit us on the web:  
[www.clsabq.com](http://www.clsabq.com)

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



**Dates:**

**June 1st - July 24th**

**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)**

**Weekly Themes**

**Week 1**

**June 1 - 5**

**"LEGO" to Camp**

**Week 2**

**June 8 - 12**

**VBS- Rome**

**Week 3**

**June 15 - 19**

**Nature Explorers**

**Week 4**

**June 22 - 26**

**Kids in the Kitchen**

**Week 5**

**June 29 - July 2**

**Happy Birthday America!**

**Week 6**

**July 6 - 10**

**Ooey Goey Science**

**Week 7**

**July 13 - 17**

**Around the World in 5 Days**

**Week 8**

**July 20 - 24**

**Shark Week**



**Penguins-those who just completed P2**

**Jesus Time**

**Music & Movement**

**Nap Time**

**Science Projects**

**Cooking**

**Art Projects**

**Center Time**

**Story Time**

**Water Play**

**Inside/Outside Play**



**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**

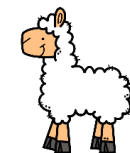
**Cooking**

**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**

**Reservations are required!**



Christ Lutheran Church and School

# 2026 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: \_\_\_\_\_

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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. (Unless you have a current ECECD contract.)
- 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 1st through Friday, July 24th. Summer Camp hours are 9:00 a.m. to 4:00 p.m. and is billed monthly at a rate of \$200 for the full week or \$45 a day for part time. 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 27th-August 5th at 7:30a.m.- 5:30 p.m. for \$6/hour. Morning and afternoon care will be available June 1st- July 24th at 7:30a.m.-9:00a.m. and 4:00p.m.-5:30p.m.

Please check this box if you have and up-to-date ECECD contract. You still have to sign up for all days needed on the back of this page.

**Please have all schedule changes turned in by May 31st. You will be billed what you are signed up for each month. No refunds.**

### Summer Camp Enrollment Agreement:

\_\_\_\_ I/We understand that payments must be paid in full by the 10th of each month. 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's 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 Week 1 "LEGO" to Camp	2	3	4	5	6
7	8 Week 2 Rome VBS	9	10	11	12	13
14	15 Week 3 Nature Explorers	16	17	18	19	20
21	22 Week 4 Kids in the Kitchen	23	24	25	26	27
28	29 Week 5 Happy Birthday America!	30			<b>Closed</b>	



Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			1	2	3 <b>Closed</b>	4
	<b>Week 5 Continued...</b>					
5	6 Week 6 Ooey Goopy Science	7	8	9	10	11
12	13 Week 7 Around the World in 5 Days	14	15	16	17	18
19	20 Week 8 Shark Week	21	22	23	24	25
26	27	28	29	30	31	
	Extended Care	Extended Care	Extended Care	Extended Care	Extended Care	



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

© Pocketful of Centers

# 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: \_\_\_\_\_