



Valor SUMMER FUN

WALKING ON WATER WITH JESUS



- ✓ MUSIC & SKITS
- ✓ FUN OUTDOOR ACTIVITIES
- ✓ ARTS & CRAFTS
- ✓ GAMES, SNACKS & MORE!

FROM JUNE 16-
TO AUGUST 8

"LORD, IF IT'S YOU," PETER REPLIED,
"TELL ME TO COME TO YOU ON THE WATER." MATTHEW 14:28

FOR MORE INFORMATION VISIT: WWW.VALORCHRISTIANACADEMY.ORG

Bible Verses for our Summer Fun Program 2025.

Week 1 Theme: Wonderful Made (June 16-20)

"I praise you, for I am fearfully and wonderfully made. Wonderful are your works; my soul knows it very well.
Psalm 139:14

Week 2 Theme: Created in Christ (June 23-27)

"For we are his workmanship, created in Christ Jesus for good works, which God prepared beforehand, that we should walk in them" Ephesians 2:10

Week 3 Theme: Moses Crossing the Red Sea (June 30-July 3)

"Don't be afraid, stand firm, you will see how the Lord will save you today"
Exodus 14:13

Week 4 Theme: Noah's Ark (July 7-11)

"God said to Noah, go into the ark, for you and your family are good."
Genesis 7:1

Week 5 Theme: Captain Naaman Healed (July 14-18)

"Go and wash in the Jordan seven times, and you will be cleaned."
2 Kings 5:10

Week 6 Theme: Jonah and The Whale (July 21-25)

"I cried out to the Lord and he heard me."
Jonah 2:1

Week 7 Theme: Jesus Walk on Water (July 28-Aug 1)

"Take courage, it is I, do not be afraid."
Matthew 14:27

Week 8 Theme: Jesus Calms the Storm (Aug 3-Aug 8)

"Even the wind and the waves obey him."
Mark 4:41



**Valor Christian Academy SUMMER CAMP
8 WEEKS OF FUN!**

(Serving children in Current Valor TK- 8th grades)

2025 Registration Form

Questions? Contact Mrs.Gilbreath at jgilbreath@valorca.org

| | | | |
|------------------------|---------------------|---------------|---------------|
| Student's Name | Sex | Date of Birth | Grade in Sept |
| Address | City | State | Zip Code |
| Parent/Guardian | Home Phone | | |
| Employer: Company Name | Address | City | |
| Mother's Cell Phone | Mother's Work Phone | | |
| Father's Cell Phone | Father's Work Phone | | |

Select t-shirt size: Youth XS Youth S Youth M Youth L Youth XL Adult S M L

In case of emergency, parents will be contacted first, In case we are unable to get a hold of parents, please provide another contact.:

Name _____ **Relationship:** _____

Telephone : _____

Please list any allergies below:

Please complete "Permit to Administer Medication" form if you are leaving treatment and medication instructions.

PRICING

Registration Fee: \$40.00 (one-time fee; covers cost of camp t-shirt and bag/supplies)

Full Day Weekly Fee: \$300 (9am-3pm) *\$240 week of July 4th (3 Day Week – M-T-W)

Before & After Care Rates: Morning Care (8am-9am): \$50/week, Afternoon Care (3pm-5pm): \$100/week

Both Morning and Afternoon Care: \$125/week

•All fees Non-Refundable and Non-Transferable & All fees are the due week prior to session.

•Discounted rate of \$2,040 for all eight weeks paid in advance (Does not include Before & After Care)

Summer Camp Weeks:

Please indicate which weeks you wish to register for and which programs you would like attend.

Week 1: 6/18 – 6/20

- All Day Program 9AM- 3PM (\$300) All Day Plus Morning Care 8AM-3PM (\$350)
- All Day Plus Afternoon Care 9AM- 5PM (\$400)
- All Day Plus **Both** Morning & Afternoon Care 8AM-5PM (\$425)

Week 2: 6/23 – 6/27

- All Day Program 9AM- 3PM (\$300) All Day Plus Morning Care 8AM-3PM (\$350)
- All Day Plus Afternoon Care 9AM- 5PM (\$400)
- All Day Plus **Both** Morning & Afternoon Care 8AM-5PM (\$425)

Week 3*: 6/30– 7/2 (Closed 7/3 and 7/4)

- All Day Program 9AM- 3PM (\$240) All Day Plus Morning Care 8AM-3PM (\$290)
- All Day Plus Afternoon Care 9AM- 5PM (\$340)
- All Day Plus **Both** Morning & Afternoon Care 8AM-5PM (\$365)

Week 4: 7/7– 7/11

- All Day Program 9AM- 3PM (\$300) All Day Plus Morning Care 8AM-3PM (\$350)
- All Day Plus Afternoon Care 9AM- 5PM (\$400)
- All Day Plus **Both** Morning & Afternoon Care 8AM-5PM (\$425)

Week 5: 7/14 – 7/18

- All Day Program 9AM- 3PM (\$300) All Day Plus Morning Care 8AM-3PM (\$350)
- All Day Plus Afternoon Care 9AM- 5PM (\$400)
- All Day Plus **Both** Morning & Afternoon Care 8AM-5PM (\$425)

Week 6: 7/21 – 7/25

- All Day Program 9AM- 3PM (\$300) All Day Plus Morning Care 8AM-3PM (\$350)
- All Day Plus Afternoon Care 9AM- 5PM (\$400)
- All Day Plus **Both** Morning & Afternoon Care 8AM-5PM (\$425)

Week 7: 7/28 – 8/1

- All Day Program 9AM- 3PM (\$300) All Day Plus Morning Care 8AM-3PM (\$350)
- All Day Plus Afternoon Care 9AM- 5PM (\$400)
- All Day Plus **Both** Morning & Afternoon Care 8AM-5PM (\$425)

Week 8: 8/4 – 8/8

- All Day Program 9AM- 3PM (\$300) All Day Plus Morning Care 8AM-3PM (\$350)
- All Day Plus Afternoon Care 9AM- 5PM (\$400)
- All Day Plus **Both** Morning & Afternoon Care 8AM-5PM (\$425)

I understand that there are no refunds or make up days and fees are not transferable. I understand all fees are the due week prior to session.

Signed: _____ Dated: _____

FOR OFFICE USE ONLY

| | <u>Amount Paid/ Date Rec'd</u> | <u>Amount Paid/ Date Rec'd</u> |
|--------------------------|--|---|
| Registration Paid: _____ | <input type="checkbox"/> June 16-20 _____ | <input type="checkbox"/> July 14-18 _____ |
| Date Received: _____ | <input type="checkbox"/> June 23-27 _____ | <input type="checkbox"/> July 21-25 _____ |
| | <input type="checkbox"/> June 30- July 2 _____ | <input type="checkbox"/> July 28- Aug 1 _____ |
| | <input type="checkbox"/> July 7-11 _____ | <input type="checkbox"/> Aug 4-Aug 8 _____ |



VALOR

CHRISTIAN ACADEMY

SUMMER FUN CAMP 2025

Name: _____ has my permission to participate in VCA's Summer Fun Camp 2025. I absolve Valor Christian Academy (its staff and/or parent volunteers), from liability to me or my child because of any injury to my child while participating in this summer camp.

In the event our child becomes ill or sustains an injury while under the supervision of Valor Christian Academy, and if we cannot be notified, we give consent to any licensed physician and/or surgeon to administer treatment, drugs, and medicines and to perform such surgical procedures as needed for the relief of pain and preservation of life and health. Please initial each section below to indicate your approval for medical or first aid treatment:

PERMISSION TO TREAT

___ **A) MEDICAL:** "I DO HEREBY CONSENT TO ANY X-RAY EXAM, ANESTHETIC, MEDICAL, OR SURGICAL DIAGNOSIS OR TREATMENT AND HOSPITAL SERVICE THAT MAY BE RENDERED TO SAID MINOR UNDER THE GENERAL OR SPECIAL INSTRUCTIONS OF THE ABOVE-NAMED PHYSICIAN THE SCHOOL MAY CALL."

___ **B) FIRST AID:** "I DO HEREBY CONSENT TO REASONABLE AND PRUDENT FIRST AID TO BE ADMINISTERED BY SCHOOL PERSONNEL TO THE SAID MINOR AS CIRCUMSTANCES WARRANT."

ADDITIONAL HEALTH INFORMATION:

Date: _____ Parent/Guardian Signature: _____