

JOHN CALVIN 2026 SUMMER CAMP

REGISTRATION FORM

Camp Hours are Monday – Friday, 9 a.m. – 12 p.m.

Extended Day will not be offered. Before Care is available starting at 8am.

See back for session dates.

- Our **4** year old and older classes are 5-days **ONLY**.
- Our **2** and **3** year old classes have the option of 3-days (Monday/Wednesday/Friday) **OR** 5-days (Monday–Friday) but there are only a limited number of 3-day spots per class.
- Our **1** year old class is 3-days (Monday/Wednesday/Friday) **ONLY**.
- All **1** year olds & **2** year olds **MUST** be registered at John Calvin for the 2026-27 school year to attend.
- **3** year olds **MUST** be potty trained if **NOT** registered at John Calvin for the 2026-27 school year.
- **Before Care** is available starting at 8:00am for \$9/day. You must sign up in advance – it is NOT a drop-in service. Forms will be sent out to those who check “YES” on the back of this page to select dates needed.
- All payments for Summer Camp are due by **May 8th**. ***Failure to pay by May 8th will result in the forfeiture of spot. Additional weeks may be added at a later date **ONLY** if there is available room in your child's age level.
We accept cash, check, money order, or credit card (3% service fee). *****MAKE SURE THE WEEKS YOU PAY TUITION FOR ARE THE WEEKS YOUR CHILD WILL ATTEND. WE CANNOT REFUND TUITION MONEY IF YOUR PLANS CHANGE AND WE CANNOT GUARANTEE THAT WE WILL BE ABLE TO SWITCH WEEKS.*****
- **Summer Camp fees** are as follows:
 - \$35 Registration Fee per child due in full at time of registration (paid once per summer)
 - \$135/week: 5-Day Program (available to 2's and up **ONLY**)
 - \$100/week: 3-Day Program (MWF – available to 1's, 2's and 3's **ONLY**)
- **ALL** camp payments are **NON-REFUNDABLE AND NON-TRANSFERABLE**.
- **REGISTRATION DATES:**
 - **New & Returning Students including TK** – registration begins **March 11th**
 - **Current Students NOT Returning** – registration begins **March 16th**
 - **Open Registration for 3-7 year olds** begins **March 25th** as space allows

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Please fill out form **completely** and bring it to John Calvin Playschool to register your child in our summer camp program. **NEW students (this does NOT include currently registered or current students) must submit a copy of their birth certificate and current immunizations and the Master Card to the Playschool Office at the time of registration.**

Child's Name: _____ Age: _____ Date of Birth: _____

Class/Grade Entering Fall 2026: _____

Is your child enrolled at John Calvin for the 26-27 School Year? Yes or No

Parent(s) Name: _____ Email: _____

Primary Cell Phone: _____

*******THIS IS A TWO-SIDED FORM – PLEASE FILL OUT BOTH SIDES*******

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Office Use Only: Reg Pymt: Cash/CC/Ck# _____ \$ _____ Tuition Pymt(s): CC/Ck # _____ \$ _____

Class enrolled: _____ Sessions: 1 2 3 4 Days: 3 5 BC: _____ SR: _____ MC: _____

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Please indicate which week(s) you are choosing for your child:

Session 1: June 8th–12th
Spring is in the Air

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Session 2: June 15th–19th
Summer Fun with Nemo

☐

Session 3: June 22nd–26th
Cheer on Football in Fall

☐

Session 4: July 6th–10th
Winter with Elsa & Olaf

☐

Choose the age group that your child will be entering into for the 26-27 school year:

K & up

☐

TK

☐

Pre-K 4

☐

3-yr-old

☐

2-yr-old

☐

1-yr-old

☐

Summer Camp Class Preference:

5 days M-F
(2's & up)

☐

3 day MWF
(1's, 2's, 3's)

☐☐

YES, I am interested in signing up for BEFORE CARE! Before Care begins at 8:00am.

Your child will be picked up from Before Care by their teacher(s) and brought to their classroom at 8:50am.
A form will be emailed once we have confirmed camp enrollment so you can select the dates needed.

Emergency Contacts (will be called after parents):

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Please read before signing: I authorize John Calvin Summer Camp to care for my child during the time he/she is in the facility and to administer and/or obtain emergency medical treatment for my child in the event that I cannot be reached. JCPS has permission to contact the person(s) listed above for emergency purposes and/or my child has permission to be picked up by the above listed person(s). I have reviewed a description of the summer camp program and completed the form accurately and to the best of my knowledge. I understand that camp payments can **NOT** be applied to school tuition or fees if we choose not to attend and have already paid. I understand that ALL fees paid to John Calvin Summer Camp are **NON-REFUNDABLE AND NON-TRANSFERABLE**.

Sign

Date

Please use the space below to describe any special needs or allergies: