

Courageous Christian Academy

Summer Camp 2024!

- **\$185.00** per week, per child. Camp is open Monday – Friday from 6:00am – 6:00pm.
- Sibling Discount (**\$185.00** for 1st child, each additional child is **\$165.00**)
- NO Registration Fee (for Summer Camp only enrollments!)

SPECIAL OFFER!

This Summer, if you choose to pay your camp tuition upfront in full, you will receive a discount! To receive this discount, your child **MUST** sign up to attend every week this Summer (8 weeks total). With this Special Offer, the total amount due is **\$1,280.00** per child! (*a savings of \$200.00!*) Your amount must be paid in full by **May 1st, 2024** to qualify for this Special Offer!

Please **email** Ms. Jennifer in the Office at courageouschristianacademy@gmail.com by May 1st, 2024 to take advantage of this Special Offer.

Please note the following:

1. This Summer, there will be **NO changes** to the camp schedule you sign up for on the next page. If you decide that your child(ren) will not attend a week that you signed up for, you will still be charged tuition for that week.
2. If you decide to bring your child for a week that you **DID NOT** sign up for, you must notify the Office by email (courageouschristianacademy@gmail.com) at least two weeks before.
3. Summer Camp tuition will be billed on a **weekly** basis (every Friday before the following week). Weekly payments for Camp will begin on Friday, May 24, 2024. School tuition payments for students enrolled in Joshua 1:9 Learning Center will return to your billing schedule when school begins in August 2024. Two weeks notice is required by email for any changes in CC information.
4. ***Lastly, please note the last day of Camp with CCA is Friday, July 19, 2024.*** 😊 Be A Champion will be coordinating the last two weeks of our Summer Camp from 7/22 - 7/26 and 7/29 - 8/2. More details on how to enroll for these two weeks is on the last page of this packet.

We cannot wait to have an awesome Summer Camp here at our new location in Humble! We look forward to everyone joining us!

Courageous Christian Academy

Summer Camp 2024!

Weekly Bible themes, Field Trips, Water Days, Moonwalks, crafts/games, and so much more!



Please mark the weeks that your child will attend:

Child's Name: _____

_____ All Weeks (5/28 – 7/19)

_____ Week of 5/28 – 5/31 (closed on 5/27)

_____ Week of 6/3 – 6/7

_____ Week of 6/10 – 6/14

_____ Week of 6/17 – 6/21

_____ Week of 6/24 – 6/28

_____ Week of 7/1 – 7/5 (closed on 7/4)

_____ Week of 7/8 – 7/12

_____ Week of 7/15 – 7/19

If you decide that your child(ren) WILL NOT attend a week that you signed up for, you will still be charged tuition for that week. Thank you for understanding! 😊

The last two weeks of camp 7/22 – 7/26 and 7/29 – 8/3 will be coordinated through Be A Champion. Please see the attached flyer (on last page of this packet) for more information on how to register.

Please return this page with your enrollment forms to reserve your spot for Summer Camp!

Courageous Christian Academy Summer Camp 2024
Enrollment forms for students ONLY attending SUMMER Camp 2024



*** PLEASE NOTE: if your child will attend private school in August 2024 with Joshua 1:9 Learning Center, please also submit your enrollment application(s) and additional documents on their website at joshua19LC.org. ** These forms are for Summer Camp ONLY.*

Summer Camp Pricing Rate:

- Cost is \$185.00 per week, per child.

Courageous Christian Academy's 2024 Summer Camp will begin on Tuesday, May 28th, 2024. Summer Camp hours are from 6:00am - 6:00pm, Monday - Friday (CLOSED on Thursday, 7/4/2023). Last day of CCA Summer Camp will be on Friday, July 19th, 2024.

All enrollment forms and ALL additional documents must be submitted in person, or scanned and emailed to courageouschristianacademy@gmail.com.

Summer Camp Enrollment Forms will **not** be considered complete until below is received:

1. **All blanks/signatures** must be filled out on Enrollment Forms for every camper
2. For PreK 3's and 4's ONLY:
 - a. Signed **and** stamped current immunization records from physician or original copy of affidavit
 - b. Signed **and** stamped Health Statement from physician (see form in back of packet)
 - c. Copy of Hearing/Vision screening from physician (for 4 year olds only)

***Pre-K 3 & 4 year old students must have the signed/stamped documents submitted before they can be enrolled to begin Summer Camp with us, per Texas Department of Health and Human Services.** Pre-K Students will not be allowed to enroll in Camp before these documents are submitted.*

Please EMAIL courageouschristianacademy@gmail.com with any questions and allow 48 business hours for response.

Please see our Camp Calendars at the end of packet for weekly themes and events for Summer Camp 2024!

God Bless and we look forward to seeing you for Summer Camp 2024!

Be Strong and Courageous. Do not be afraid or discouraged, for the Lord Your God will be with you wherever you go. -Joshua 1:9

Courageous Christian Academy

901 Wilson Road, Building B, Humble, TX 77338 Ph: (281) 975-0224 courageouschristianacademy@gmail.com



Summer Camp 2024 Enrollment Form

Please complete entire form, do not leave blank spaces. Please PRINT CLEARLY!

Child's Full Name _____ Date of Birth _____	
Child's Home Address _____ City, State, Zip _____	
Child's Home Phone Number _____ Date of Admission _____	
Mother's Full Name _____ Mother's Cell Phone Number _____ Mother's Work Phone Number _____ Mother's Address _____ Mother's City, State, Zip _____ Mother's Email Address _____ _____ Place of Employment _____	Father's Full Name _____ Father's Cell Phone Number _____ Father's Work Phone Number _____ Father's Address _____ Father's City, State, Zip _____ Father's Email Address _____ _____ Place of Employment _____
Is there a custody order on file with the State of Texas? (Please circle) YES NO PENDING **If circled YES, a current copy of your court order MUST be attached**	
Emergency Contact and Authorization to pick up Please list 3 local individuals to contact in the event of an emergency. Must include full address for the individual.	
1. Name _____ Address _____ Phone _____ Relation to Child _____	
2. Name _____ Address _____ Phone _____ Relation to Child _____	
3. Name _____ Address _____ Phone _____ Relation to Child _____	
Permissions (please circle) I hereby <i>give / do not give</i> consent for my child to be transported and supervised by the operations employees for (please circle all that apply) Emergency Care Field Trips I hereby <i>give / do not give</i> consent for my child to participate in field trips. I hereby <i>give / do not give</i> consent for my child to participate in water activities (please circle all that apply) Sprinkler Play Splashing/Wading Pools Water Table Play	
I acknowledge receipt of the Courageous Christian Academy Parent Policies including those for discipline and guidance. Parent/Guardian Signature _____ Date _____	
I understand that breakfast and a morning snack will be served. I must provide a lunch each day for my child. Parent/Guardian Signature _____ Date _____	

Parent or Legal Guardian Signature _____

Date _____

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Child's Name: _____ Date of Birth: _____

Authorization for Emergency Medical Attention

In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:

Name of Physician _____ Name of Hospital _____
Address _____ Address _____
Phone _____ Phone _____

I give consent for the facility to secure any and all necessary emergency medical care for my child.

Signature of Parent _____ Date _____

Special Needs *** Please have Physician fill out additional Allergy form if any info is filled in below***

Please list any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, and medication prescribed for long-term continuous use, and any other information which caregivers should be aware of:

If not applicable, please initial here _____

Photo Release

From time to time, our school may take photographs for educational use. I give consent for Courageous Christian Academy to take photographs of my child.

Parent/Guardian Signature _____ Date _____

Social Media/School Publications

I give consent for photos taken of my child to be used on social media for Courageous Christian Academy (such as Facebook, Instagram, or Twitter). My child's photo may also be used in the school yearbook.

Parent/Guardian Signature _____ Date _____

Social Networking

I understand that the staff of Courageous Christian Academy are prohibited in participating in social networking activities with parents and children enrolled in our facility. (such as Facebook, Instagram, or Twitter).

Parent/Guardian Signature _____ Date _____

Parent or Legal Guardian Signature

Date

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Authorization for Emergency Medical Care

If I cannot be reached to make arrangements for emergency medical care for my child at the time of an illness or injury, I give permission for Courageous Christian Academy and its staff to take my child:

A specific hospital and physician with address/phone must be filled in. Writing "ANY" is not allowed as a response from State Licensing. Thank you!

Child's Name: _____ Date of Birth: _____

To:

Name of Doctor: _____ Phone Number: _____
Address: _____

Or To:

Name of Hospital: _____ Phone Number: _____
Address: _____

Please list any known allergies or illness that would conflict with emergency care or treatment:

***** Please have Physician fill out additional Allergy Form if any allergies listed below*****

Parent/Guardian Signature _____ **Date** _____



Tuition Agreement
for Courageous Christian Academy Summer Camp 2024

Child's Name _____ **Date of Birth** _____

Mother's Full Name _____ **Father's Full Name** _____

Weekly Summer Camp Tuition Amount: \$185.00, per week, per child

Agreed Tuition Payment Schedule: weekly, on Friday before the following week

Tuition Discount Amount Given and Reason (if any): (to be filled in by Office only)

Payment Policies:

Payment for my child's program is due the Friday before the following week. If Tuition and/or Late Fees are not paid by the following Monday of Summer Camp after my scheduled payment is due, then I understand that my child cannot return to care until paid in full. A Late Fee of \$20.00 per week will be charged until all Tuition due is paid in full, if not paid on-time according to the agreed upon Tuition Schedule written above. Late fees of \$20.00 per week will begin to apply if payment is not made by the following Monday after the missed scheduled payment. **(parent/guardian initials)** _____

There will be **NO changes** to the camp schedule you sign up for on the attendance page. If you decide that your child(ren) will not attend a week that you signed up for, you will still be charged tuition for that week. **(parent/guardian initials)** _____

Any changes to the agreed upon Tuition Payment Schedule stated above, must also be approved in writing by the Office. No Tuition Payment Schedule changes will be made after 5 days before the next scheduled payment. If there have been different payment arrangements set up in writing with the Director and my Tuition, per Policies above, are not paid in full by agreed schedule, Late Fees will apply. All parents must be set up on debit/credit card for Tuition payments. Cash or personal check will NOT be accepted for tuition payments. **(parent/guardian initials)** _____

If Courageous Christian Academy receives an NSF Return for a false transaction dispute, I agree that a \$10.00 Fee will be due with repayment of the original amount due, in addition to any applicable Late Fees. **(parent/guardian initials)** _____

COVID-19 Closure and Tuition Policies:

In the event, that Courageous Christian Academy is required by the Health Department, Texas HHS, or Texas DFPS to close our building due to a suspected case of COVID-19, for closures of 3 days or less in a single week, your Extended Care tuition will still be due for that week, per this Tuition Agreement. For closure longer than 3 days in a single week, the Director will evaluate the situation regarding tuition payment. **(parent/guardian initials)** _____

Late Pick-up Policies:

Courageous Christian Academy is licensed by the Texas Department of Health and Human Services to care for children during the times of 6:00am to 6:00pm. Late pickups after 6:00pm will have late fees. After the first courtesy late pickup, if I am late picking up my child, a \$5.00 for first 5 minutes penalty, then an \$1.00 per minute penalty (after the first 5 minutes) will be charged. All late penalties must be paid to Courageous Christian Academy in cash upon pickup before the child can return to care. If the late pickup penalty is not paid upon pickup, I understand that my account will be charged the following day for any charges due.

(parent/guardian initials) _____

Continued on Back Side →

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Tuition Agreement for 2023, Continued
for Courageous Christian Academy Summer Camp

Child's Name _____ **Date of Birth** _____

Custody Disputes and Payment Policies:

Courageous Christian Academy does not get involved in custody disputes. In the event a court order is on file, Courageous Christian Academy will not acknowledge which party is responsible for payment of Tuition fees. These arrangements must be coordinated between the two parties. Late fees and Withdrawal guidelines will still apply regardless of which party is responsible for Tuition fees.

(parent/guardian initials) _____

I hereby agree to the above terms and understand that I am legally responsible for the above statements:

Parent/Guardian Signature: _____ **Date:** _____

Director's Signature: _____ **Date:** _____

Subscribed and sworn to (or affirmed) before me this _____ **day of** _____

Signature of Notary Officer: _____

(Stamp of Notary Officer)

My commission expires: _____

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Credit Card Authorization Form

Child's Name: _____

Parent/Guardian Name on Card: _____

Credit Card Number: _____

Expiration Date: _____

CCV Code (off back of card): _____

Billing Zip Code: _____

I (we) hereby authorize Courageous Christian Academy to charge the card listed above. This authorization is to remain in full force until Courageous Christian Academy has received two-week written notification from me of its termination in such time and in such manner as to afford Courageous Christian Academy a reasonable opportunity to act on it. I understand that if my child does not attend a week of camp that I signed up for, then my card will still be charged for tuition. I understand that Camp tuition will be charged on the Friday before the week that my child will attend. By signing below, I agree to the above terms and conditions.

Cardholder signature: _____

Date: _____

Office Use only:

Date entered into system: _____

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**Parent Policies Handbook, Discipline Policy,
and Tuition Agreement Acknowledgement**

Child's Name: _____

Parent Agreement:

I, (parent name) _____, have read the Courageous Christian Academy Parent Policies and understand the Discipline Policy and the Tuition Agreement. I also understand that animals will be on the premises of Courageous Christian Academy. I also understand that Courageous Christian Academy is a gang free zone and will comply with the current laws in effect. I agree to stay current with tuition payments and understand that my child's spot can be filled if payments not received by the Monday before the upcoming week.

I will drop my child off clean and ready to learn and play each day with a backpack, packed lunch, and personal water bottle in hand.

Parent Signature

Date of Signature

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Parent Policies Handbook Acknowledgement

Child's Name

Parent/Guardian Name

I have viewed the copy of the Courageous Christian Academy Parent Policies Handbook on their website (at courageouschristianacademy.org), which contains the operational policies and procedures of the Summer Camp at Courageous Christian Academy.

Parent/Guardian Signature

Date



Discipline and Guidance Policy

*** Discipline must be:**

1. Individualized and consistent for each child
2. Appropriate to the child's level of understanding
3. Directed toward teaching the child acceptable behavior and self-control

*** A caregiver may only use positive methods of discipline and guidance that helps build self-esteem, self-control, and an understanding of God's love towards others.**

Teachers will use:

1. Praise and encouragement of good behavior not focusing on bad behaviors.
2. Reminders of expectations using positive statements
3. Redirecting and praying with a child
4. Using brief supervised separation or quiet time from the group, which is limited to no more than one minute per year of the child's age.

*** There will be no harsh, cruel, or unusual threats of any child. The following types of discipline and guidance are prohibited:**

1. Corporal punishment or threats of corporal punishment
2. Punishment associated with food or naps
3. Pinching, shaking, or biting a child
4. Hitting a child with a hand or other object
5. Putting anything in or on child's mouth
6. Humiliating, ridiculing, rejecting, or yelling at a child
7. Subjecting a child to harsh, abusive, or profane language
8. Placing a child in a locked or dark room, bathroom, or closet with the door closed
9. Requiring a child to remain silent or inactive for inappropriately long periods of time for a child's age

My signature verifies that I have read and received a copy of this Discipline and Guidance policy.

Parent/Guardian Signature

Date

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At Courageous Christian Academy, we believe in the following:

Our Purpose

Our Purpose is to provide a loving, research-based, unique educational alternative to families while representing the hands and feet of Jesus.

Our Mission

Our Mission is for students, staff, and families to grow in wisdom, faith, truth, and character while innovatively building competent, energetic, and loving Christ-centered leaders.

Our Four Pillars

We will love God.

We will love Others.

We will love Ourselves.

We will love Learning.

I understand that the Teachers and Staff of Courageous Christian Academy, will talk about God with and around our students. We will pray throughout the day with your child, including a morning prayer and Praise and Worship each day as a School. Your child will learn about the stories of the Bible, pray with others, and learn about Christian values through helping others.

Child's Name: _____

Parent Signature: _____

Date: _____

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PRE-K 3's and 4's ONLY

Physician's Statement and Immunization Record

****Must be SIGNED and STAMPED by Physician,**

unless Immunization Records and Health Statement that are both signed AND stamped are attached**

Child's Name _____ Date of Birth _____

I have examined the above child within the past year and find that he/she is able to take part in the Joshua 1:9 Learning Center private school program.

Health Care Professional Name _____

Address _____ City _____ State _____ Zip _____

Physician Signature _____ Date _____

	Birth	1 mos.	2 mos.	3 mos.	4 mos.	6 mos.	12 mos.	15 mos.	18 mos.	19-23 mos.	2-3 yrs.	4-6 yrs.
Hepatitis B												
Rotavirus												
Diphtheria, Tetanus, Pertussis												
Haemophilus Influenza Type B												
Pneumococcal												
Inactivated Poliovirus												
Influenza												
Measles, Mumps, Rubella												
Varicella												
Hepatitis A												
Meningococcal												

Signature AND Stamp of a physician or public health personnel verifying immunization information above.

Physician Signature _____ Date _____

Stamp of Physician:

Varicella (chickenpox) vaccine is not required if your child has had chickenpox disease. If your child has had chickenpox, please complete the statement: My child had varicella (chickenpox) on or about (date) _____ and does not need varicella vaccine.

Parent Signature _____ Date _____

Complete ONLY if Applicable:

I am excluding my child from the immunization requirements for reasons of conscience, including a religious belief. I have attached an official notarized statement form developed and issued by the Department of State Health Services. I understand that this affidavit is valid for 2 years. Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of; I have attached a signed and dated affidavit stating this.

Parent Signature _____ Date _____



PRE-K 3's and 4's ONLY

Health Statement Requirements

This form MUST be SIGNED and STAMPED by your child's physician before your child can enroll Summer Camp, unless a signed and stamped letter stating child is healthy and able to attend is provided from physician.

Child's Name:	Date of Birth:
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If your child attends Preschool or Pre-Kindergarten at Courageous Christian Academy, one of the following **must** be presented when your child's Enrollment Paperwork is submitted:

Please check only one option:

- HEALTH CARE PROFESSIONAL'S STATEMENT: I have examined the above-named child within the past year and find that he or she is able to take part in our private preschool.

Health Care Professional's Signature

Date Signed:

Physician Stamp or Printed Name and Address of the Health Care Professional:

- A signed and dated copy of a health professional's statement is attached.

- Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of. I have attached a signed and dated affidavit stating this.

Signature of Parent:

Date Signed:

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PRE-K 3's and 4's ONLY
Child Assessment Form

Child's Full Name (First, Middle, Last)		Date of Birth	Enrollment Date
Street Address	City	County	Zip
Telephone No.	Parent Email Address:		

1. Health

Does your child have any allergies? Yes No

***** Please have Physician fill out additional Allergy Form if any allergies listed below*****

If so, what allergies does your child have? _____

How should we respond if he/she has an allergic reaction? _____

Does your child have an existing illness? Yes No

Has your child had a previous serious illness or injury, or hospitalization during the past 12 months?

Yes No

Is your child taking any medication(s)? Yes No

If so, how is the medication administered, and will it need to be administered while he/she is in our care? _____

Is the medication prescribed for continuous use? Yes No

Are there any side effects we should be alerted to? Yes No

2. Toileting

Does your child need assistance with toileting? Yes No

How can we best help? _____

3. Behavior

Does your child have any special fears? Yes No

If so, what? _____

How does your child communicate his/her needs? _____

Are there any special words that your child uses that might not be readily recognized? _____

Continued on Back Side →

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How do you tell your child to stop a behavior that you don't approve of or that might be dangerous? _____

When your child gets upset, what helps him/her calm down? _____

What is a good way to distract your child when he/she is having a temper tantrum? _____

Are there any particular routines that are particularly helpful at naptime? _____

What position is most comfortable for your child when he/she is napping? _____

4. Eating Preferences

What are your child's favorite foods? _____

Does your child use utensils, eat with fingers, feed themselves? _____

Does your child choke easily while eating? Yes _____ No _____

5. Activities

What activities do you like to do with your child? _____

What activities does your child like to do when playing with other children? _____

What does your child like to do when he/she is playing alone? _____

6. Family History

Tell us about your family (i.e. child's parents, siblings, grandparents, and other extended family) that you feel we need to know. _____

I verify that the above statements were discussed with the parent(s) of _____.

Signature of Principal or Head of School

Date

I verify that the director appropriately relayed the information concerning my child's assessment.

Signature of Parent/Guardian

Date

Additional Comments: _____



*** PLEASE NOTE: if your child will attend Preschool/Pre-K or Private school with Joshua 1:9 Learning Center starting in August 2024, please submit online enrollment application(s) and additional documents on their website at joshua19LC.org. ** Please do NOT use these forms to enroll.*

What Do I Need to Submit to Apply for Enrollment in Summer Camp ONLY?

- Enrollment Paperwork for each camper (Completely filled out. No blanks, please!)
- Pre-K 3's and 4's ONLY:
 - 1. Copy of Current Immunization Records that are signed **AND** stamped by a Physician, or an original copy of Affidavit
 - 2. Health Statement signed **AND** stamped by Physician (see form in Enrollment packet)
 - 3. Copy of Hearing/Vision Screening Results from Physician (for ages 4 years and up)

The completed Enrollment Forms and additional documents for Summer Camp ONLY enrollments can be dropped off in person at our school or scanned and emailed to courageouschristianacademy@gmail.com. We will contact you within 48 business hours upon receiving your Enrollment Forms.

****Please note that Enrollment applications will be considered incomplete and your child's spot will not be held for Summer Camp until ALL of the above forms, additional documents are submitted.****

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What do I need to bring to Camp each day?

****Please put your child's name on all items brought to school to reduce chance of lost items!****

Preschool and Pre-Kindergarten (3 year olds/4 year olds):

- 1 Complete change of clothes (including socks and underwear)
- 1 Blanket and/or pillow (must be able to fit in cubby)
- 1 Crib Sheet
- 1 Backpack (labeled with Child's Name on it)
- 1 Water Bottle (leakproof/spill-proof, labeled with Child's Name on it)
- Lunch

Kindergarten - 5th Grade

- 1 Backpack
- 1 Water Bottle (labeled with child's name on it)
- Lunch

May 2024

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27 Memorial Day closed	28 Bluesy week (Pre-k) Secret Agent Week (K-6)	29 Wet Wednesday Water slides!	30 Bluey snacks/crafts Escape rooms	31 Fun Friday Popsicles and moonwalk	

SUMMER!

June 2024

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
						1
2	3 Roblox/Minecraft week	4	5 Wet Wednesday Water slides	6	7 Fun Friday Popsicles/moonwalk	8
9	10 All About Science	11	12 Wet Wednesday Water Slides	13	14 Fun Friday Popsicles/moonwalk	15
16	17 Superhero Week Bible Man	18	19 Wet Wednesday Water slides	20	21 Fun Friday Popsicles/moonwalk	22
23	24 Willy Wonka Week	25	26 Wet Wednesday Water Slides	27	28 Fun Friday Popsicles/moonwalk	29
30						

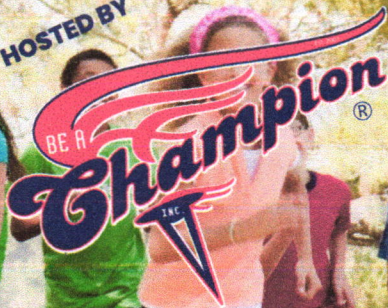
SUMMER!

July 2024

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1 Freedom Week	2	3 Wet Wednesday Water Slides	4 Closed	5 Fun Fridays Popsicles/moonwalk	6
7	8 Super Mario Week	9	10 Wet Wednesday Water Slide	11	12 Fun Friday Popsicles/moonwalk	13
14	15 Space Week	16	17 Wet Wednesday Water Slides	18	19 Fun Friday Popsicles/moonwalk	20
21	22 Be a Champion Games Galore	23	24 Wet Wednesday	25	26 Fun Friday Popsicles/moonwalk	27
28	29 Be a Champion Chef's Week	30	31 Wet Wednesday	1	2 Last Day of Camp!	

SUMMER!

HOSTED BY



SUMMER DAY CAMP

MONDAY - FRIDAY

Breakfast & PM snack
will be provided



GRADES
PK3- 6

July 22, 2024 - August 2, 2024

Summer Camp Location

Joshua 1:9 Learning Center, Inc.
901 Wilson Rd.
Humble, TX 77338

PROJECT BASED LEARNING | SPORTS & PHYSICAL FITNESS FUN
ENRICHMENT ACTIVITIES

ONE-TIME REGISTRATION
FEE

\$50 PER STUDENT

50% OFF UNTIL JULY 15TH

WEEKLY TUITION RATE

Regular Day (8am - 5 pm) : \$190
\$180 sibling rate

Scan To Register Now!



For more information:
281-833-3129
info@bachamp.org
www.bachamp.org

Scan To Register Now!

