

## Summer Camp 2026 Registration Form

Please mark the weeks your child will attend. Camps are \$180.00 per week, per child.

<input type="checkbox"/> June 1 <sup>st</sup> – 5 <sup>th</sup>	The Creative Mess Art Camp	<input type="checkbox"/> July 6 <sup>th</sup> – 10 <sup>th</sup>	Flip and Fly Tumbling Camp
<input type="checkbox"/> June 8 <sup>th</sup> – 12 <sup>th</sup>	Hip Hop Haven Dance/Hip Hop Camp	<input type="checkbox"/> July 13 <sup>th</sup> – 17 <sup>th</sup>	Checkmate Academy Chess Camp
<input type="checkbox"/> June 15 <sup>th</sup> – 19 <sup>th</sup>	Lights, Camera, Music! Camp	<input type="checkbox"/> July 20 <sup>th</sup> – 24 <sup>th</sup>	Soccer Superstars Camp
<input type="checkbox"/> June 22 <sup>nd</sup> – 26 <sup>th</sup>	Soccer Superstars Camp	<input type="checkbox"/> July 27 <sup>th</sup> – 31 <sup>st</sup>	Innovation Station STEM Camp
<input type="checkbox"/> June 29 <sup>th</sup> – July 2 <sup>nd</sup>	Word Wizards Reading/Writing Camp (closed Friday, 7/3/2026)	<input type="checkbox"/> Aug 3 <sup>rd</sup> – 6 <sup>th</sup>	Science Spectacular Camp (closed Friday, 8/7/2026)

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Please complete all information below. Please complete one form for each child to be registered. Please print clearly and legibly. **Upon completion, please email registration and CC authorization form to [office@joshua19LC.org](mailto:office@joshua19LC.org).**

Child's Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Sex: M F Grade Level (for 2026-2027 school year): \_\_\_\_\_

Parent(s) Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mother's phone number: \_\_\_\_\_ Father's phone number: \_\_\_\_\_

Mother's work number: \_\_\_\_\_ Father's work number: \_\_\_\_\_

Parent email address: \_\_\_\_\_

### Medical:

Any Allergies? \_\_\_\_\_

Any medical information we need to be aware of? \_\_\_\_\_

### Emergency Contacts:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

### Permissions:

Y or N I give permission for my child to participate in sprinkler play and/or inflatable water slides.

Y or N Should an injury occur that requires medical attention, I give permission for my child to be transported to the nearest hospital by medical personnel.

By signing below, I understand that my child will be registered for the camps marked above. I understand that even if I change my mind or my child does not attend the camps marked above, my card will still be charged for the week. Camp payments will be charged every Friday the week before the camp begins to the card on file. Any changes to the card on file must be made in writing by emailing [office@joshua19LC.org](mailto:office@joshua19LC.org) two weeks prior to change.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Joshua 1:9 Learning Center, Inc.*

901 Wilson Road, Building B, Humble, Texas 77338 phone (281) 975-0224



## Credit Card Authorization Form

Please fill in all information below. All forms are kept confidential. Please fill out and return this completed document to reserve your spot for Summer Camps 2026. Payment will be processed to this card on the Friday before the week of camp that you are registering for. Upon completion, please email this form and the registration form to [office@joshua19LC.org](mailto:office@joshua19LC.org). Thank you!

Student's Name: \_\_\_\_\_

Parent/Guardian Name on Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

CCV Code (off back of card): \_\_\_\_\_

Billing Zip Code: \_\_\_\_\_

By signing below, I (we) hereby authorize Joshua 1:9 Learning Center, Inc. to charge the card listed above. This authorization is to remain in full force until Joshua 1:9 Learning Center, Inc. has received two-week written notification from me of its termination in such time and in such manner as to afford Joshua 1:9 Learning Center, Inc. a reasonable opportunity to act on it. I understand that if our plans change or my child does not attend weeks that we have registered for, my card will still be charged.

**Cardholder signature:** \_\_\_\_\_

Date signed: \_\_\_\_\_

**Automated Billing Schedule for Summer Camp: (please mark below):**

\_\_\_\_ Weekly (billed each Friday, before following week)

(office use only): Date entered/updated into system: \_\_\_\_\_ by: \_\_\_\_\_