

Camp Hours and Fees

6:00 a.m. - 5:30 p.m.



Purpose of the Camp:

1. To provide a wholesome time of fun and recreation. The physical welfare of each camper is of utmost importance to those in charge.
2. To lead young people to a knowledge of Christ by teaching basic Bible truths. The Bible gives the best light for this life and the only hope for the life to come. No other book can so enrich the minds and hearts of young people as the Book of Books. Knowledge of the Bible is one of the greatest educational assets any person can have.



Important Things to Remember:

Lunch and Snacks:

- A lunch should be brought daily and is the responsibility of the parent.
- A morning and an afternoon snack will be provided.

Clothing:

- There should be no inappropriate messages, pictures, or symbols on clothing

Medical Information

Child's Name _____

Asthma: Does your child have asthma?

___ Yes ___ No

What does an asthma attack look like for your child?

Is your child's inhaler kept in the school office?

___ Yes ___ No

Allergies: Does your child have any allergies?

___ Yes ___ No

If yes, please list all allergies and how your child reacts:

Does your child have an Epi-pen in the office?

___ Yes ___ No

Miscellaneous: Does your child have any physical, medical, emotional, or other difficulties?

___ Yes ___ No

If yes, please explain.

Is your child currently on any medication?

___ Yes ___ No

If yes, please specify.

Does the school office have permission to:

Administer TYLENOL to your child when necessary?

___ Yes ___ No

Apply sunscreen to your child when necessary?

___ Yes ___ No

Children must be picked up by 5:30 p.m.

- A surcharge, per child, will be added each 15-minute period after 5:30 that a child is not picked up.
5:30-6:00.....\$10.00 per 15-minute period
- This 15-minute period surcharge will be increased to \$20.00 per child for children not picked up by 6:00 p.m.
After 6:00.....\$20.00 per 15-minute period

Weekly Rates

If you register your child for the weekly rate for each week, the fee is:

- \$190.00 per week for the first child.
- \$150.00 for each additional child.

No refunds are available if a child attends any part of the week.

Daily Rates

If you register your child for the daily rate for each week the fee is:

- \$70.00 per day for the first child.
- \$60.00 for each additional child

Registration

Registration is a one-time fee of \$25.00 per child.

- The fee is nonrefundable and nontransferable.
- The fee needs to be paid only once per child for the summer months.

Gateway Summer Day Camp Application Form

Ages 3 - 12

Signed form and registration fee for each camper MUST be received by Gateway before camper may participate.

Make checks payable to Gateway Christian Academy.

Please check week(s) you plan to attend camp. If not attending a full week, please circle the days you will attend each week.

<input type="checkbox"/> June 2 - 6 MTWTF	<input type="checkbox"/> June 9 - 13 MTWTF	<input type="checkbox"/> June 16 - 20 MTW**F
<input type="checkbox"/> June 23 - 27 MTWTF	<input type="checkbox"/> Jun. 30-Jul.4 MTWT**	<input type="checkbox"/> July 7 - 11 MTWTF
<input type="checkbox"/> July 14 - 18 MTWTF	<input type="checkbox"/> July 21 - 25 MTWTF	<input type="checkbox"/> Jul. 28 - Aug. 1 MTWTF

** No camp on Thursday June 19th or Friday, July 4th.

Last day of camp is Friday August 1.

Camper's Name _____

Age _____ Date of Birth _____

Address _____

City _____

State/Zip _____

School _____

Last Grade Completed _____

Parent's Name _____

Contact Phone Number _____

Email _____

If a parent can't be located, who should be contacted?

Name _____

Phone _____

I indemnify and save Gateway Free Will Baptist Church and Gateway Christian Academy, its employees, and agents harmless from any liability or medical payments resulting from my child participating in this Day Camp or other activities during his/her stay at the Gateway Summer Day Camp. I further understand that Gateway Free Will Baptist Church does not provide medical insurance coverage for my child and that any medical expenses incurred will be paid by either my own medical insurance or myself. I hereby grant permission for my child to attend the Day Camp and all the camp activities and field trips. In case of an emergency, I authorize Gateway to take my child to a local hospital, minor emergency center, or licensed doctor to administer treatment. By signing this contract, I am allowing my child's image, voice, work, and likeness to be used in school publications, printed promotional material, on websites owned or operated by Gateway Christian Academy or Gateway Free Will Baptist Church, and in any other forms of media directly relating to the school and its operations.

_____ Date

Signature - Parent or Legal Guardian ONLY



Field Trips



Crafts



Bible Stories



Playground Fun



Painting



Gym Time



Songs



Snacks



Gateway
CHRISTIAN ACADEMY

5473 Virginia Beach Blvd.

Virginia Beach, VA 23462

757.499.6551

www.gatewaycrusaders.com

What's Our Activities?



June 2 - August 1, 2025

Monday - Friday

6:00 a.m. - 5:30 p.m.