



ALBUQUERQUE CHRISTIAN SCHOOL

4931 McLeod Rd. NE
Albuquerque, NM 87109
(505) 872-0777
acsrams.org

Dear Parents,

It's time once again to sign up for the ACS Summer Ram Club. Our Ram Club staff is currently preparing for this year's summer program. We are excited about the upcoming summer program and all of the fun activities we will be incorporating into the schedule. Our hours of operation for the summer are 7:15am to 5:30pm.

1. Registration: Please come to the ACS Business Office to complete the registration form and reserve space for your child. Registration forms are also available at acsrams.org/summer-program.

2. ACS Summer Camp Rates:

- \$225, 7:15am-5:30pm

3. ACS Summer Program will be closed the week of July 4th (July 1st-5th)

4. There is **no** hot lunch service during the summer. Parents will need to provide all lunches. Please be sure to send a water bottle every day.

It is our goal to provide each child participating in our summer program with a safe and fun environment while in our care. We are looking forward to a God-filled, exciting and relaxing summer.



ALBUQUERQUE CHRISTIAN SCHOOL

4931 McLeod Rd. NE
Albuquerque, NM 87109
(505) 872-0777
acsrams.org

2024 ACS SUMMER RAM CLUB REGISTRATION—Please fill out one for each participant

STUDENT INFORMATION

Student's Name (Last): _____ (First): _____ (MI): _____ Goes By: _____

Student's Address: _____
(street) (city) (zip)

Student's Home Phone: _____ Student's DOB: _____ Gender (M/F): _____

Church Affiliation (Optional): _____
Denomination / Congregation

Grade for 2024-2025 School Year: _____ School Last Attended: _____
(If out of state, please include city and state)

REGISTRATION INFORMATION

Please check the week(s) you'd like to register for (\$225/week)

_____ Week 1: June 3-June 7 _____ Week 2: June 10-June 14 _____ Week 3: June 17-June 21
_____ Week 4: June 24-June 28 _____ Week 5: July 8-July 12 _____ Week 6: July 15-July 19
_____ Week 7: July 22-July 26 _____ Week 8: July 29-Aug 2

FINANCIAL RESPONSIBILITY

Last Name: _____ First Name: _____ Home Phone: _____

Address: _____ Cell Phone: _____
(street) (city) (state) (zip)

Payments are made directly to the school during Summer business hours (M-TH 9am-2pm) or through FACTS. Payments for the week must be received by the Thursday before.

___ I would like to pay by FACTS with auto deductions (min. 10 day lead time to use FACTS billing) ___ I will submit payment to ACS office each week

PARENT INFORMATION

Father's Name (Last): _____ (First): _____ Father's Home Phone: _____

Father's Address: _____
(street) (city) (zip)

Father's Place of Employment: _____ Work Phone: _____

Mother's Name (Last): _____ (First): _____ Mother's Home Phone: _____

Mother's Address: _____
(street) (city) (zip)

Mother's place of employment _____ Work phone _____

SIGNATURE

I hereby certify that all or the above information is true and correct to the best of my knowledge.

(Signature of parent)

(Date)

MEDICAL INFORMATION

Physician's Name: _____ Physician's Phone Number: _____

Hospital Preference: _____

Does this student have allergies? Yes _____ No _____ If yes, please list: _____

Does this student take any prescription medications, i.e., inhalers, insulin, behavior modifiers?

Yes _____ No _____ If yes, please list _____

Will medications listed above be administered at ACS? Yes _____ No _____ If yes, please complete the medication form in the office.

Does this student have any health concerns, i.e., asthma, diabetes, or seizures? Yes _____ No _____

If yes, please describe _____

Does this student have any handicap or disability that may necessitate special care at school?

Yes _____ No _____ If yes, please describe _____

LOCAL CONTACTS

In case of emergency and I cannot be reached, please contact:

#1 _____
(name) (relationship to student) (phone numbers – specify cell, work, home)

#2 _____
(name) (relationship to student) (phone numbers – specify cell, work, home)

CONSENT FOR EMERGENCY MEDICAL TREATMENT: In case of accident or sudden illness, and in the event that I cannot be reached by telephone, I hereby authorize a representative of Albuquerque Christian School to refer my child to the above named physician, to transport my child to a medical facility, or to seek other emergency treatment as deemed necessary.

(Signature of parent/guardian)

(date)



ALBUQUERQUE CHRISTIAN SCHOOL

4931 McLeod Rd. NE
Albuquerque, NM 87109
(505) 872-0777
acsrams.org

2024 ACS SUMMER PARENT/GUARDIAN CONTRACT

“Even a child is known by his actions, by whether his conduct is pure and right.” Proverbs 20:11

As a Summer Ram Club student of Albuquerque Christian School, I agree to: (Please initial each item.)

- Conduct myself according to the highest Christian standards of respect for others with honesty, integrity, and responsibility _____
- Show proper respect for those in positions of authority _____
- Show respect for peers, school property, and school personnel _____
- Refrain from lying, cheating, stealing, gossiping, and fighting _____
- Refrain from using vulgar or profane language, or calling students or school personnel inappropriate names _____
- Refrain from bringing offensive and/or disruptive items to school _____
- Uphold the school uniform dress code _____
- Follow the standards of conduct outlined in the student handbook which include (but are not limited to) those listed above _____

I have read and understand the above Student Contract. By signing this contract, I agree to do my best to abide by all of the above standards of conduct while my student is at summer Ram Club. I understand that failure to do so could result in him/her being asked to not return.

“Whatever you do, work at it with all your heart, as working for the Lord, not for men.” Colossians 3:23

* Parent/Guardian Signature

Student's Name

(Date)



ALBUQUERQUE CHRISTIAN SCHOOL

4931 McLeod Rd. NE
Albuquerque, NM 87109
(505) 872-0777
acsrams.org

2024 ACS SUMMER PARENT/GUARDIAN CONTRACT

“Train a child in the way he should go, and when he is old he will not turn from it.” Proverbs 22:6

As parent(s)/guardian(s) of the summer Ram Club student at Albuquerque Christian School, I/we agree to:
(please initial each item)

- Support the school and assist the student in abiding by the standards of conduct outlined in the ACS family handbook ____
- Reinforce the reasoning behind school rules and policies _____
- Support the school’s right and responsibility to discipline according to school policy _____
- Attempt to respectfully resolve any conflicts or misunderstandings with the teacher, other ACS employees, or parents of other students first; then, if necessary, work with the principal on unresolved issues _____
- Refrain from participating in gossip or discrediting of the school or its faculty/staff _____

Parents/guardians must understand that their personal conduct does influence their children and, as such, they are expected to set an example for the conduct of their children in accordance with Biblical principles. It is the desire of ACS to have the school and the families work together in the spiritual growth and educational process of each student enrolled.

I/we have read and understand the above Parent/Guardian Contract and agree to the policies and procedures in the ACS family handbook. **I/we realize that noncompliance with these policies and procedures could result in being asked to leave the summer Ram Club.**

* Parent/Guardian Signature

Designated ACS Representative Signature

* Parent/Guardian Signature

Student’s Name (Printed)

Date

* Signature of both parents/legal guardians is preferred.