



CALLAHAN CHRISTIAN ACADEMY

SUMMER SCHOOL 2026

Student's full name _____

Student's birth date _____ Student's grade for 2026-27 _____

Student's allergies and medical alerts _____

Parent's/Guardian's name _____

Parent's/Guardian's mailing address _____

Parent's/Guardian's email _____

Parent's/Guardian's phone # cell _____ home _____

Emergency name and phone # _____

List names and phone # of all additional authorized people who may pick up your student.

Callahan Christian Academy reserves the right to dismiss any student who is not following the fruits of the Spirit (Galatians 5:22-23a) and the golden rule (Matthew 7:12a), or who is not COMPLETELY self-sufficiently toilet trained.

I give my child, _____, permission to participate in all Callahan Christian Academy (CCA) activities with CCA volunteer and paid staff during the 2026 summer school hours. In the event of a medical emergency, I give CCA and their staff permission to authorize medical treatment. While there is always adequate supervision, I understand that my child is responsible for his or her own behavior, attitude, and safety. I do not hold CCA liable in the event of an accident, emergency, or behavior problem. If my child is uncontrollable, dangerous, has a bad attitude or needs extraordinary discipline, I understand that I will be responsible to immediately come and pick them up from CCA.

Parent signature _____ Date _____

I understand that my child's school tuition is due by June 15th, July 1st, and August 3rd or the first day my child is present each month, in the morning at drop off time. All checks need to be written to Karina Callahan. I will place all cash payments in an envelope labeled with student's name, parent's name, and amount. _____ (please initial)

*****IMPORTANT*****

Please return this registration form to Karina or email it to callahanchristianacademy@gmail.com. Thank you!