



CCA CRUSADER CAMP – 2017

JUNE 5, 2017 – AUGUST 11, 2017 (No camp July 4th) PROGRAM HOURS: 8:30 A.M. – 4:30 P.M.
 (Early drop off begins at 7:00 AM / Late pick up until 5:30 PM)

CAMPER INFORMATION:

Name: _____ Camper's Social Security # _____
 Address: _____
 City, State & Zip: _____ Phone Number: _____
 Age (as of 6/6/17): _____ NOTE: No one at the age of 4 can ever attend CCA Camps
 NOTE: The oldest a child can be to attend CCA Camps is children who have completed grade 6
 Grade Completed: _____ School Attended this Year: _____
 Camper's Height: _____ Weight: _____
 Mother/Guardian Name: _____ email: _____
 Work Phone: _____ Cell Phone: _____
 Father/ Guardian Name: _____ email: _____
 Work Phone: _____ Cell phone: _____
 Child is in the custodial care of (check one): _____ Both Parents _____ Mother only _____ Father only
 _____ Shared Custodial/Tuition Agreement _____ Other - Explain _____

PAYMENT of ALL FEES:

All payments including registration, tuition, extended care, and athletic fees are paid through our FACTS management system. Information regarding FACTS can be found at:
<https://online.factsmgmt.com/signin/4HM33> or follow the link at the bottom of our website homepage
www.carlislechristian.org

Registration March 1 – April 15	\$60
Registration after April 15	\$99
5 days/wk Mon. through Fri.	\$138 (CCA Family) \$149 (Non-CCA Family)
3 days/wk Mon. / Wed. / Fri.	\$106 (CCA Family) \$114 (Non CCA)
2 days/wk Tues. & Thur.	\$85 (CCA Family) \$91 (Non CCA)
Multiple Children Discount	10% on per wk fee

PROGRAM OPTIONS (select one)

Plan #1 _____ 5 Full Days
 _____ CCA family _____ Non-CCA family
 Plan #2 _____ 3 Full Days
 _____ CCA family _____ Non-CCA family
 Plan #3 _____ 2 Full Days
 _____ CCA family _____ Non-CCA family

_____ Applying for 2nd Child Discount (separate forms must be filled out for each child)
 2nd Child Discount is 10%. There is no multiple discount for registration fees.

How did you hear about us?

____ School Promotion ____ Website ____ Open House ____ Brochure ____ Newspaper ____ Friend

Returning Camper? ____ Yes ____ No

PLEASE INDICATE WHICH WEEKS YOUR CHILD WILL BE ATTENDING CAMP. THERE ARE A LIMITED NUMBER OF SPACES AVAILABLE IN THE SUMMER PROGRAM. CHECKING THE BOX SECURES A PLACE FOR YOUR CHILD FOR THAT WEEK. WE ALSO BILL BASED ON THE WEEKS THAT ARE CHECKED. YOU ARE FINANCIALLY RESPONSIBLE FOR THE WEEKS THAT ARE CHECKED.

_____ Wk of June 5 _____ Wk of June 12 _____ Wk of June 19 _____ Wk of June 26 _____ Wk of July 3
_____ Wk of July 10 _____ Wk of July 17 _____ Wk of July 24 _____ Wk of July 31 _____ Wk of Aug. 7

Please make an extra copy of this page for yourself – so you know when your child is signed up

Campers are responsible for bringing their own: Bag lunch, beverages and snacks

(Under review-rates subject to change)

**All fees, rates and charges are subject to change without notice.

ENROLLMENT AGREEMENT:

The following information is provided to outline some of the policies of Carlisle Christian Academy in order to avoid misunderstandings. These policies, along with other school standards, are published each year in the Student Handbook. A full copy of this handbook is available on the school website or in the school office. This handbook should be read carefully and discussed with your child.

Financial Policies:

1. Fees are calculated on the basis of the entire summer program from June - August. Payments are processed by FACTS Financial Management on a weekly basis. FACTS registration and information can be found on the CCA website at the bottom right of the homepage.
2. No deductions will be made for absences during the summer program, regardless of the cause of absence.
3. Early withdrawals (cancellations of days scheduled above) from the summer program will require full payment for the balance of the unused portion of the scheduled summer program. Any changes made on days or weeks scheduled must be made in writing and given to the CCA office (this includes switching one day for another only). After May 9, 2015 each written change will result in an additional charge of \$10.00.
4. A late charge of \$25.00 will be assessed on an account with an unpaid balance at the end of each month. When an account is 3 weeks delinquent, the child will be withdrawn from the program unless arrangements are made with the Administration. All delinquent accounts that fail to meet their arranged terms will be turned over to collection. A service charge will be assessed on all returned checks.
5. Prices and availability are subject to change without notice.

Behavioral Standards:

Students are expected to maintain a high standard of personal behavior. The counselors and administration are authorized to employ such discipline, as they deem wise and expedient. CCA reserves the right to suspend or expel students whenever camp privileges are abused, infractions are repetitive in nature, or when conduct does not conform to standards set by the policies of CCA. A complete copy of the Discipline Policy can be found in the Student Handbook and is available upon request. Set standards include:

1. Maintain personal care (toileting, changing clothes) without staff support
2. Listen to program leaders and follow directions, i.e. stay with assigned group
3. Respect for other campers, counselors, and equipment
4. Keep hands to one self and maintain self-control
5. Use appropriate language (foul language will require further action)
6. Follow all rules when riding on the bus including staying in one's seat
7. Take care of their own belongings
8. Use equipment and supplies in a safe and appropriate manner
9. Report teasing and bullying immediately to camp staff. Teasing and bullying are not tolerated and are grounds for dismissal from camp.
10. Think safety; play safely

Parents Must:

1. Complete and submit appropriate paperwork prior to the first day of camp.
2. Sign children in and out of the program and bring appropriate I.D. (if applicable).
3. Be on time to drop off and pick up children.
4. Assist staff in resolving behavior issues.
5. Contact the Camp Director immediately when issues arise.

Grounds for Immediate Dismissal (no refund given):

1. A parent who refuses to follow CCA Camp Crusader policies as stated in the camp documents.
2. A child who brings a weapon to camp.
3. A child who intentionally harms himself or causes injury to another child or staff member.
4. A child who vandalizes the property of the camp facility, staff or other children.
5. A child who steals items from the camp facility, staff or other children.
6. A child who displays inappropriate behaviors repeatedly.
7. A child who fails to comply with the Rules of Conduct.
8. A child who demonstrates behavioral issues that are deemed a hazard at the discretion of the counselor and camp administrator.

I fully understand the above information and desire to have my child or children enrolled at Carlisle Christian Academy summer camp.

Signature of Parent/Guardian _____ Date _____

MEDICAL AUTHORIZATION / HEALTH HISTORY

Current Infectious Diseases: _____

Operations: (List dates) _____ Allergies _____

Serious Injuries: (List dates) _____

Chronic or reoccurring illness: _____

Name of Family Physician: _____ Phone: _____

Dentist / Orthodontist: _____ Phone: _____

Allergist: _____ Phone: _____

Name of Medical / Hospital Insurance Carrier: _____

Policy or Group Number: _____

Please check all that your child has now or had in the past:

- | | |
|--|---|
| 1. Hay fever, asthma or wheezing _____ | 8. Drug allergies (list all below*) _____ |
| 2. Ivy Poisonings _____ | 9. Bleeding / clotting _____ |
| 3. Convulsions / seizures _____ | 10. Chicken Pox _____ |
| 4. Heart Trouble _____ | 11. German Measles _____ |
| 5. Diabetes _____ | 12. Measles _____ |
| 6. Frequent colds, sore throats, ear aches _____ | 13. Mumps _____ |
| 7. Insect sting allergies _____ | 14. Other _____ |

*My child's drug allergies: _____

Immunization Record

I hereby authorize that my child is up-to-date on all immunizations required including: *Polio *Mumps

*Diphtheria *Pertussis (Whooping Cough) *Measles *Rubella *Hepatitis B *Other _____

Date of child's last tetanus shot: _____

Has the camper had a health exam in the past 2 years? _____ Date of exam: _____

Signature of Parent/Guardian _____ Date: _____

Camper Restrictions and Medications

Special Diet: _____

Current Medications: (List all) Prescribed Medication: _____

Non-Prescription Medication: _____

I hereby give permission for Carlisle Christian Academy Camp Crusader staff to administer over-the-counter medications if requested and supplied by the parent / guardian. All medications must be signed in on a daily medication log. Dosages will be administered according to directions on the bottle unless a physician directs otherwise. I release Carlisle Christian Academy Camp Crusader and Carlisle Christian Academy and its staff from liability should a reaction result from non-prescription medication.

Signature of Parent/Guardian _____ Date _____

PHYSICIANS INSTRUCTIONS:

Prescription Medication: _____ to be administered to _____ by Carlisle Christian Academy Camp Crusader staff during the child’s participation in their summer camping program. All medication must be signed in on a daily medication log.

Physician’s Signature _____ Date _____

Any specific activities to be discouraged: _____

Please provide any information which may prove helpful to staff working with your child:

Parent or guardian acknowledges that they have read and completed in full the medical forms provided by CCA Camp Crusader and accepts full responsibility for omissions or errors on the medical information form. Parent or guardian authorizes this completed form to be photocopied for trips out of camp.

In the event that non-emergency medical care is required for my child, the parent or guardian authorizes Carlisle Christian Academy to seek medical treatment through the child’s physician. Parent or guardian understands that they are responsible for medical expenses incurred by the child and that Carlisle Christian Academy advises that they carry health insurance for the child.

If parent or family doctor cannot be contacted and an emergency exists, the undersigned parents or guardian authorizes a representative of Carlisle Christian Academy to consent to any x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care deemed advisable and rendered by any licensed physician or surgeon, whether in his office or in a licensed hospital. In addition, parent also gives their consent for emergency transportation by ambulance and Emergency Room care. This authorization is given in advance of any required care to empower a representative or official of the school to give consent for such treatment as the physician may deem necessary.

Signature of Parent/Guardian _____ Date _____

Travel, Trip, and Activity Authorization

We reserve the right to re-schedule trips due to weather or availability.

I give permission for my child to take part in all camp activities, including sports and camp-sponsored trips away from the school premises. I absolve the Carlisle Christian Academy from all liability to me or my child due to any injury resulting from any school activity, event, or trip.

Signature of Parent/Guardian _____ Date _____

Swimming Restrictions and Information

My child has permission to participate in the day camp lake/pool swimming program.

My child is a (PLEASE CHECK ONE): ___Advanced Swimmer ___Non-Swimmer ___Beginner Swimmer

If you wish your child to wear a life jacket, you MUST supply a jacket and check the following information:

I will provide a life jacket for my child: (PLEASE CHECK ONE): ___Yes ___No

Signature of Parent /Guardian _____ Date _____

Authorized Camper Pickup

The person who drops the camper off each morning is expected to be the same person who picks up the child, unless the staff is given a written note at the time of drop-off. (Substitute pick-up persons need current ID). This is to ensure the safety of your child.

Also, if the camper will be picked up early, the staff should be notified at the time of drop-off.

PLEASE CHECK **ALL** THAT APPLY:

_____ We will be dropping off early (between 7:00 and 8:15 AM)

_____ We will be picking up late (between 4:45 and 5:30 PM)

_____ We will NOT require early drop off or late pick up.

Please list those people who are authorized to pick up the above listed child from camp. If any changes occur to this list, please inform the counselors. NOTE: If the person picking up the camper is not the usual person, ID may be required in order to pick up the camper.

Name(s): _____ Relationship to Camper: _____

Name(s): _____ Relationship to Camper: _____

Name(s): _____ Relationship to Camper: _____

Your signature is also our authorization to release your child to any of the persons listed in case of emergency.

Signature of Father / Guardian: _____

Signature of Mother / Guardian: _____