Carlisle Christian Academy

CCA SUMMER CAMP – 2021

JUNE 14, 2021 – AUGUST 13, 2021

PROGRAM HOURS: 8:30 A.M. – 4:30 P.M. (Early drop off begins at 7:30 AM / Late pick up until 5:30 PM)

CAMPER INFORMATION:

Name: _____ Camper's SSN (optional) _____

Address: _____

City, State & Zip:_____ Home Phone Number: _____

Age :_____ (must be 5 or older) NOTE: Camp is open to students ages 5 to entering 7th grade.

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.factsmgt.com/signin/4HM33 or follow the link on our website homepage www.carlislechristian.org

Registration March 1 – June 1	$75
Registration after June 1	$125
5 days/wk Mon. through Fri.	$155 (CCA Family) $180 (Non-CCA Family)
4 days/wk	$145 (CCA Family) $165 (Non-CCA Family)
3 days/wk Mon. / Wed. / Fri.	$125 (CCA Family) $140 (Non-CCA Family)
Multiple Children Discount	10% on per week fee

PROGRAM OPTIONS **(select one)** **

Plan #1 ____ 5 Full Days
____ CCA family ____ Non-CCA family

Plan #2 ____ 4 Full Days
____ CCA family ____ Non-CCA family

Plan #3 ____ 3 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

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

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 14 ____ Wk of June 21 ____ Wk of June 28
____ Wk of July 5 ____ Wk of July 12 ____ Wk of July 19 ____ Wk of July 26
____ Wk of Aug. 2 ____Wk of Aug. 9

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

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, 2021 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) _____

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 ____
2. Ivy Poisonings____
3. Convulsions / seizures ____
4. Heart Trouble ____
5. Diabetes ____
6. Frequent colds, sore throats, ear aches ____
7. Insect sting allergies ____
8. Drug allergies (list all below*)____
9. Bleeding / clotting ____
10. Chicken Pox ____
11. German Measles ____
12. Measles ____
13. Mumps ____
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 _____

Sunscreen Policy

We ask that parents apply sunscreen to their campers prior to delivering them to camp. In cases where sunscreen must be reapplied during camp hours, staff will direct campers in applying sunscreen. *Camp staff will not apply sunscreen.*
I have read and understand the sunscreen policy.
Signature of Parent/Guardian:_____ Date:_____

Photo Release

To help promote the CCA Camp Crusader program, we ask permission for the camp staff to take pictures of the activities at camp that might include a photograph of your child. These pictures will be used to assist Carlisle Christian Academy in developing future promotional materials such as camp newsletters and brochures. We will not include any personal information such as names with any photographs we choose to publish. By signing below, you assign and grant to Carlisle Christian Academy the right and permission to use and publish the photographs/films/video tapes/electronic representations and/or sound recordings made of your child during the camp throughout the camp season. You also release Carlisle Christian Academy from any liability from such use and publication. You authorize the reproduction, sale, copyright, internet web posting, exhibit, broadcast, electronic storage and/or distribution of said photographs/film/video tapes/electronic

representations and/or sound recordings without limitation at the discretion of Carlisle Christian Academy, and you specifically waive any right to any compensation that you may have for any of the foregoing.
Signature of Parent/Guardian:_____ Date:_____

Hold Harmless Statement

Parent / guardian assumes responsibility for the risks associated with normal camp activity and releases Carlisle Christian Academy Camp Crusader and Carlisle Christian Academy and its staff from liability. They are aware and understand that participating in a camping program involves a potential risk of physical injury and they understand that normal camp activity can be physically demanding and potentially dangerous. They are aware and understand that all of the program activities are strictly voluntary and it is by their own choice to register their child after due consideration of his/her physical health, physical abilities, and medical condition. In recognition of this, the parent/guardian, or their child, their heirs and assigns, hereby releases Carlisle Christian Academy Camp Crusader and Carlisle Christian Academy and their employees from all claims and liability arising from participation in the program. They further agree to hold harmless and indemnify Carlisle Christian Academy Camp Crusader and Carlisle Christian Academy and its agents for all defense costs, including attorney's fees, and any other costs resulting in connection with their or their child's participation in this activity. They understand that this release relates to all claims and liability during or after the program resulting from a pre-existing medical condition. They also understand that this release relates to all claims and liability resulting from unforeseen or intemperate weather. They have read this entire release of claims and fully understand it. They have satisfied their questions and concerns regarding the Camp Crusader program by speaking with representatives of the camp. Signatures of both parents required. All application copies must be originally signed by parents/guardians.

_____ DATE _____
Signature of Father / Guardian

_____ DATE _____
Signature of Mother / Guardian

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 7:30 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: _____