

Covenant Christian School

Covenant Summer Camp 2008

Registration Forms

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Registration Form

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Liability Form

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Video/Photo Consent, Waiver and Release Form

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Camp Fee Agreement Form

COVENANT CHRISTIAN SCHOOL Registration Form

Application Submission Date: _____

2008 Summer Camp

STUDENT INFORMATION

Camper Name: _____ Sex: _____ Age: _____
First M.I. Last

D.O.B.: _____ Social Security No.: _____ Current Grade : _____

Church Affiliation: _____ Member: Yes ☐ No ☐

Please indicate: ☐ Right-handed ☐ Left-handed

PARENT / GARDIAN INFORMATION

Parent/Guardian Name 1 Relationship U.S. Citizen ☐ Permanent Resident ☐
() -

Street Address and Number Home Phone

City State () - ZIP code

Employer Name and Address Employer Phone No.
Lives with Child? Yes ☐ No ☐

Parent/Guardian Name 2 Relationship U.S. Citizen ☐ Permanent Resident ☐
() -

Street Address and Number Home Phone

City State () - ZIP code

Employer Name and Address Employer Phone No.
Lives with Child? Yes ☐ No ☐

CAMP SESSION REGISTRATION

Check the box that corresponds to the camp name and the session(s) that your child will be attending. The only way to hold a space for your child for the particular session(s) is to pay the deposit. You need to pay only one deposit payment per camper per registration. Please, indicate if you will need morning care, afternoon care, or before & after camp care. If you cannot pickup by 3:20 pm, please sign up for afternoon extended care.

Camp Name: ☐ Isaac (PK 3) ☐ Joshua (PK 4) ☐ Samuel (K 5 ~ Grade 2) ☐ David (Grade 3 ~ 5)

Sessions: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Extended Care: ☐ Morning Extended Care ☐ Afternoon Extended Care ☐ Before & After Camp Care

Camper Name: _____

STUDENT'S MEDICAL / EMERGENCY CARE AND PICK UP INFORMATION

Does your child suffer from any medical problems, physical limitation or disabilities of which the school should be aware? (i.e., asthma, allergies, epilepsy, A.D.D., etc.) Yes ☐ No ☐

If yes, please explain: _____

Does your child take medication on a regular basis? _____ Will this be administered during school hours? _____

Student's Primary Care Physician: _____

Address: _____

MEDICAL RELEASE: Your signature below authorizes the Covenant Christian School to contact (at your expense) the physician listed to render necessary emergency treatment for serious injury or accident if neither parent/guardian can be reached. This further authorizes the Covenant Christian School to take your child to a local physician of the school's choice if your physician is not available. In the event that emergency treatment is necessary, the Covenant Christian School will be held harmless in all decisions. In case of disaster your child will only be released to those persons listed in the emergency information section.

All prescription medications **must** be brought to the school office with a completed Medication Permission Form.

Please Note: The School Office will **ONLY** administer non-prescription medications, (i.e. Pepto Bismol, Tylenol, Advil, and Aspirin), if a note is on file in the school office.

If parent(s) cannot be reached (following persons are also authorized to pickup my child) I.D. WILL BE REQUIRED:

1. Name: _____ Home #: _____ Relationship: _____

Work #: _____

2. Name: _____ Home #: _____ Relationship: _____

Work #: _____

3. Name: _____ Home #: _____ Relationship: _____

Work #: _____

Last school/childcare attended: _____

Name

Street Address

City

State

ZIP Code

Has student ever had any disciplinary problems? Yes ☐ No ☐

If yes, please explain: _____

Do you wish to be covered by the Student Accident Insurance policy? Yes ☐ No ☐

If your child is NOT covered under your personal insurance, you are required to obtain the School Accident Insurance.

How did you hear about Covenant Summer Camp? _____

_____/_____/_____

Date

Parent/Guardian Signature

Camper Name: _____

LIABILITY AGREEMENT

I _____, parent/guardian of _____,
Parent/guardian name Camper name

grant permission for my child to attend and participate in all Covenant Summer Camp 2008 activities, on and off the camp premises, during camp hours from 9:00 am to 3:20 pm extended care from 7:00 am to 6:30 pm. I realize that safely precautions will be taken and that my child will be supervised, but that the Covenant Christian School assumes no liability for injury or damages incurred. In the event that I cannot reach in a timely manner, I give permission for my child to receive emergency medical treatment, as necessary, and I want to be notified immediately. Any debt incurred will be the responsibility of the parent/guardian.

____/____/____
Date

Parent/Guardian Signature

VIDEO / PHOTO CONSENT, WAIVER AND RELEASE

_____ I hereby give consent for my child to be photographed, video-taped, or interviewed for possible use in newspapers, television, radio broadcasts, school web sites, and school publications.

_____ I agree that use of a photograph or photographs does not constitute in any manner a waiver of CCS policies, program, or rules nor does continued use constitute an agreement to continue the child's enrollment.

_____ I hereby request that my child **NOT** be photographed, video-taped, or interviewed for possible use in newspapers, television, radio broadcasts, school web sites, and school publications.

____/____/____
Date

Parent/Guardian Signature

Camper Name: _____

CAMP FEE AGREEMENT

I _____, hereby agree to pay Covenant Summer Camp fees for the above-named child as outlined below.

< Check the appropriate payment plan >

- ❖ Camp fee for 5 sessions, due June 2, 2008 and July 1, 2008. \$100.00 discount is deducted.

_____ **\$ 1,560.00** (\$ 1,370.00 camp fee + \$ 290.00 activity fee - \$100.00)

_____ Morning Extended Care: **\$ 250.00**

_____ Afternoon Extended Care: **\$ 350.00**

_____ Before & After Camp Care: **\$ 500.00**

- ❖ payment for each session, due June 2, 2008 for Sessions I ~ II, July 1, 2008 for Sessions III ~ V. \$ 100.00 deposit will be deducted from the first payment.

_____ Session I, III, IV, V : **\$ 336.00** (\$ 278.00 camp fee + \$ 58.00 activity fee)/session

_____ Session II (6/23/08 – 7/03/08): **\$ 316.00** (\$ 258.00 camp fee + \$ 58.00 activity fee)

_____ Morning Extended Care: **\$ 50.00/session**

_____ Afternoon Extended Care: **\$ 70.00/session**

_____ Before & After Camp Care: **\$ 100.00/session**

* There is a deposit of \$100.00 required at the time of registration which is applied towards the camp fee.

< Camp fee payment regulations >

1. A late fee of \$30.00 will be added if camp fee is not paid by the 5th of the month.
2. Attendance privileges will be suspended if camp fee is not paid by the 15th of the month.
3. Camp fee only covers 10 weeks of summer.

Furthermore, I understand the Covenant Christian School's financial policies as outlined below:

- ❖ A \$25.00 fee will be assessed for the returned checks. After two returned checks, cashier's check or money order will be required for any and all payments. Parent/Guardian hereby agrees that should the account fall into default status either state's legal maximum interest or 1.5% monthly shall be assessed. In addition, Parent/Guardian agrees to pay CCS all collection agency and attorney fees incurred in bringing account current. Act of default accelerates payments to be due immediately, as credit is no longer extended.
- ❖ A child who is registered for the entire session and does not finish the full term will be charged same as a session camper's fee.
- ❖ A late pick up fee will be assessed as \$5.00 for each 5-minute increment of time (or portion thereof) after 3:20pm, or 6:30pm. Late fees will be payable IN CASH at the time the child is picked up.

_____/_____/____

Date

Parent/Guardian Signature

\$ 100.00 Deposit Paid by Cash _____ Check # _____ : Received by _____