



Elementary K-2 Camp 2022

STUDENT INFORMATION

Last Name _____ Gender *(Circle One)* M / F
 First Name _____ Middle Initial _____
 Preferred Name _____ Date of Birth _____
 Address _____
 City _____ State _____ Zip _____
 Home Phone Number _____
 My Child will attend grade _____ in the fall.

FOR OFFICE USE ONLY

Camp Days: Mon-Thu or Mon-Fri
 Weekly Rate: _____
 Reg. Fees Paid: ____ / ____ / ____
 Enrolled: ____ / ____ / ____
 Received by: _____
 Approved: _____
 (Principal)
 Notes:

MEDICAL INFORMATION

Primary Physician _____
 Phone _____
 Insurance and Policy # _____
 Please list any allergies, special medical or dietary needs, or other areas of concern: _____

Please explain any special needs of your child (physical, emotional, academic, etc.): _____

In the event of an accident or illness while at school, Crown of Life Christian Academy will attempt to contact the parents/guardians immediately. If a parent/guardian is not immediately available, I hereby authorize Crown of Life Christian Academy to secure medical attention and care for my child as may be necessary. I understand I am responsible for the cost of care and Crown of Life Christian Academy assumes no liability.

I hereby authorize Crown of Life Christian Academy to transport my child to the nearest medical facility or physician for treatment. I furthermore authorize any licensed physician or medical treatment center to treat my child in case of emergency.

 Parent/Guardian Signature

 Date

CHURCH AFFILIATION

Do you belong to a Church? Yes / No Name of Church _____
 Has your child been baptized? Yes / No Religion _____

FAMILY INFORMATION

Caregiver's Name: _____ Cell #: _____

Address: *(If different from page one)* _____

Employer: _____ Work #: _____

Email Address: _____ Other #: _____

Relationship to child: _____ Lives with child? Yes / No

Caregiver's Name: _____ Cell #: _____

Address: *(If different from page one)* _____

Employer: _____ Work #: _____

Email Address: _____ Other #: _____

Relationship to child: _____ Lives with child? Yes / No

Names of Sibling attending STEAM Camp:

Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

EMERGENCY / ALTERNATIVE CONTACT

Contact Name: _____ Cell #: _____

Relationship to child: _____ Other #: _____

Contact Name: _____ Cell #: _____

Relationship to child: _____ Other #: _____

AUTHORIZED PICK UP

Contact Name: _____ Cell #: _____

Relationship to child: _____ Other #: _____

Contact Name: _____ Cell #: _____

Crown of Life Christian Academy (COLCA) has my permission to contact persons listed as emergency contact if parents cannot be located an emergency. COLCA additionally has my permission to release my child to persons listed as emergency contact or authorized pick up. I understand that my child will not be released to anyone except the persons named above. Furthermore, I understand any person picking up my child will be required to show a valid state ID.

Parent/Guardian Signature

Date

REGISTRATION FEE, WEEKLY RATES, & WHAT TO BRING

\$50 Registration Fee

Registration fee is non-refundable and is used to cover supplies, special activities, etc. Due with application.

Weekly Rate Fee

Weekly camp fees are based on a 4 or 5 day week and by half day (9am-1pm) or full day (9am-4:00pm). Extended days from 7:30am to 5:30 pm may be available based on family interest and enrollment. Weekly camp fees are due each Monday morning at time of check-in. Credit card payments are available through our online billing system.

You are financially responsible for the weeks you sign up for. One week notice is required for changes.

What to Bring to Camp

Bring to camp with you everyday a **water bottle** and a **healthy lunch with 2 snacks**. On Water Days (Friday) you will need a towel and sun screen.

STUDENT CAMP SCHEDULE

My camper will attend during the weeks of: *check all that apply*

- | | | |
|-------------------------------------|---|-------------------------------------|
| <input type="checkbox"/> June 6-10 | <input type="checkbox"/> June 27– July 1 | <input type="checkbox"/> July 18-22 |
| <input type="checkbox"/> June 13-17 | <input type="checkbox"/> July 5-8 Tue-Fri | <input type="checkbox"/> July 25-29 |
| <input type="checkbox"/> June 20-24 | <input type="checkbox"/> July 11-15 | <i>Campus is closed August 1-12</i> |

My camper will attend: *check all that apply*

- | Days | Hours |
|---|--|
| <input type="checkbox"/> 4 Days, Monday—Thursday | <input type="checkbox"/> Half Days, 9am—1pm |
| <input type="checkbox"/> 5 Days, Monday—Friday,
Friday includes outside water activities | <input type="checkbox"/> Full Days, 9am—4pm |
| | <input type="checkbox"/> <i>I am interested in Extended Days from 7:30-9am and/or 4pm-5:30pm. Please notify me if available.</i> |

STEAM CAMP RATES

<i>Extended Days may become available based on family interest and teacher availability.</i>	4 Day Camp Monday-Thursday	5 Day Camp Monday-Friday
Extended Day 7:30 – 9 am or 4 – 5:30 pm	\$ 30	\$ 35
Half Day Camp 9 am - 1 pm	\$ 150	\$ 175
Full Day Camp 9 am - 4 pm	\$ 200	\$ 225

Indicate in the schedule above the hours your camper will attend STEAM Camp.

PARENT ACKNOWLEDGEMENT

By signing below, I am agreeing to or acknowledging the following:

- Crown of Life Camp is a ministry of Crown of Life Lutheran Church and Academy. My child will be taught Bible truths. This will include the belief that Jesus Christ alone is our salvation and a proper relationship with God exists only through Him.
 - I give permission for my child/children's camp counselor(s) and/or other agents of Crown of Life to use principles and discipline as set forth in the Scriptures. I understand that the camp reserves the right to dismiss any child, after consultation with parents/guardian, if the child does not conform acceptably to regulations and policies. I also understand that if I withdraw my child/children from the camp for any reason, I will make arrangements to pay any debts incurred up to the date of withdrawal.
 - I agree to hold harmless and relieve Crown of Life Christian Academy and Crown of Life Lutheran Church, its officers, pastor, and other persons employed by them of any and all liability for injury or accident occurring while on the school or church premises or elsewhere, regardless of the cause.
 - Crown of Life STEAM Camp is operated as a non-profit institution by Crown of Life Lutheran Church and Christian Academy and is staffed by those whose aim is to benefit the child. Attendance is a privilege. Therefore, by signing this agreement, I am pledging loyalty to the ideals and aims of the camp and will bring any and all questions and criticisms of the camp directly to the administration that they may be weighed and considered properly. Your cooperation is appreciated.
 - Weekly rate fees are due on Monday morning of each week of enrollment, a \$5 late fee will be assessed. Late pick up fees of \$1 each minute past 5:30 pm are to be paid by the following Monday.
 - There is a \$30 fee for any returned checks.
- I give permission for my child to take part in all camp activities.**
- I understand that Parent or authorized person must sign campers in & out each day.**
- I verify that all information on this enrollment application is complete and accurate.**

Parent/Guardian Signature

Date

PHOTO PERMISSION

I give **Crown of Life Christian Academy** permission to use photos of my child participating in school activities in the following school's promotional efforts and/or educational purposes including publications, year-books, newsletters, presentations, internet, and other media sources including Facebook.

Yes, I give permission.

No, I do not give permission.

Parent/Guardian Signature

Date

DOCUMENT CHECK LIST

Current CoLCA students of may request to have documents copied from school files into camp files.

Copy of Birth Certificate

Current Immunization Record

Current Florida Health Exam Record *(within one year from enrollment date)*