



# Elementary K-2 Summer Camp

## STUDENT INFORMATION

Last Name \_\_\_\_\_ Gender (Circle) M / F  
 First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_  
 Preferred Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
 Home Phone Number \_\_\_\_\_  
 Ethnicity \_\_\_\_\_  
 Language (s) spoken at home \_\_\_\_\_  
 My Child will attend grade \_\_\_\_\_ in the fall.  
 Have you attended camp at CoLCA before? (Circle) Yes / No

<b>FOR OFFICE USE ONLY</b>	
Year:	_____
Grade :	_____
9am-4pm / Extended Day (Circle)	
Rate:	_____
Scheduled Times:	_____
Rate:	_____
Enrolled:	_____
Weeks: 1 2 3 4 5 6 7 8	
Fees Paid:	_____
Received by:	_____
Approved:	_____
Notes:	

## HOW DID YOU HEAR ABOUT US

\_\_\_\_\_  
 \_\_\_\_\_

## MEDICAL INFORMATION

Primary Physician \_\_\_\_\_  
 Phone \_\_\_\_\_  
 List allergies, special medical needs, dietary restrictions, or other concerns: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

List unique needs (physical, emotional, academic, etc.) your child has: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

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

## FAMILY INFORMATION

**Caregiver's Name:** \_\_\_\_\_ Cell #: \_\_\_\_\_  
Address: *(If different from student's address)* \_\_\_\_\_  
Employer: \_\_\_\_\_ Work #: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Other #: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_ Lives with child? Yes / No

**Caregiver's Name:** \_\_\_\_\_ Cell #: \_\_\_\_\_  
Address: *(If different from student's address)* \_\_\_\_\_  
Employer: \_\_\_\_\_ Work #: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Other #: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_ Lives with child? Yes / No

### Names of Siblings:

Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

## CHURCH AFFILIATION

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

## EMERGENCY / ALTERNATIVE CONTACT

**Contact Name:** \_\_\_\_\_ Cell #: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_ Other #: \_\_\_\_\_

## AUTHORIZED PICK UP

**Contact Name:** \_\_\_\_\_ Cell #: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_ Other #: \_\_\_\_\_

**Contact Name:** \_\_\_\_\_ Cell #: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_ Other #: \_\_\_\_\_

Crown of Life Christian Academy (CoLCA) has my permission to contact persons listed as emergency contact if parents cannot be located in 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

## Summer Camp 2023

Summer Camp 2023 at CoLCA runs Monday—Friday from 9 AM to 4 PM. We do offer an Extended Day option which begins as early as 7:30 AM and ends by 5:30 PM. Each week will feature a different theme and is taught by our own Elementary Teachers! We are limiting camp to 20 students who are entering kindergarten through 2nd grade. So make sure to sign up below for the all weeks you plan on attending.

New this summer, we are offering 2 sessions of **Amazing Athletes**, amazingzthletes.com, on Tuesdays and Thursdays as part of our camp and at no additional cost. Plus, Fridays will have it's own special fun event such as a movie day, water day, or popcorn party.

## \$50 Registration Fee

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

## Weekly Rates \$225 or \$275

- The summer camp day is from 9 AM - 4 PM, Mon - Fri, with a weekly fee of \$225.
- Extended days are from 7:30 AM to 5:30 PM, Mon - Fri, for \$275 a week.
- Credit card payments are available through our online billing system. A convenience fee will be added.
- Since we are limiting camp enrollment to 20 students, you are financially responsible for the weeks you sign up for even if you do not attend or if you only attend a partial week. One week prior notice is required for changes to your schedule.

## What to Bring to Camp

Bring to camp with you everyday a **water bottle** and a **healthy lunch with 2 snacks**. On Water Days you will need a towel, sun screen, bathing suit (wet clothes) and dry clothes..

## STUDENT CAMP SCHEDULE

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

### June 2023

\_\_\_\_\_ June 5-9  
\_\_\_\_\_ June 12-16  
\_\_\_\_\_ June 19-23  
\_\_\_\_\_ June 26-30

### July 2023

\_\_\_\_\_ July 3, 5-7 M, W-F  
\_\_\_\_\_ July 10-14  
\_\_\_\_\_ July 17-21  
\_\_\_\_\_ July 24-28

*Campus is closed for  
Independence Day, July 4th.*

*The last day of camp is  
Friday, July 28th.*

**My camper will attend during the hours of:** *circle*

[Camp Day 9AM - 4PM]

[Extended Day 7:30AM - 5:30PM]

[From \_\_\_\_\_ To \_\_\_\_\_]

## PARENT ACKNOWLEDGEMENT

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

- CoLCA Summer 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 understand that CoLCA reserves the right to dismiss any child, after consultation with parents/guardian, if the child does not conform acceptably to regulations and policies as laid out in the Parent Handbook available on the CoLCA website. I also understand that if I withdraw my child/children from the camp for any reason, I will make arrangements to pay the fee balance incurred through the week 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.
- CoLCA Summer Camp is operated as a non-profit institution by Crown of Life Lutheran Church and 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 concerns of the camp directly to the administration that they may be weighed and considered properly. Your cooperation is appreciated.
- Weekly rate fees are due Monday morning of each week of enrollment, a \$5 late fee may 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 school's promotional efforts and/or educational purposes including publications, newsletters, presentations, internet, and other media sources including Facebook and Instagram.

*(Circle Yes or No)*

**Yes, I give permission.**

**No, I do not give permission.**

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*

## DOCUMENT CHECK LIST

Students currently enrolled in CoLCA may requests to have documents copied from school files.

\_\_\_\_\_ Birth Certificate  
\_\_\_\_\_ Immunization Form  
\_\_\_\_\_ FL Health Form

Please copy all necessary documents from my students files and check expirations dates.

*Initial* \_\_\_\_\_

