



**Camp Crusader
Rocks!**

CAMP CRUSADER - 2010

JUNE 7, 2010 – AUGUST 9, 2010

PROGRAM HOURS 8:00 A.M. – 4:00 P.M.

(Early drop off begins at 7:00 a.m. / Late pick up until 5:30 p.m.)

Camper Information:

Name: _____ Camper's Social Security # _____

Address: _____

City, State & Zip: _____

Home Phone Number: _____ Age (as of 6/7/10): _____

Grade Completed: _____ School Attended this Year: _____

Camper's Height: _____ Weight: _____

Father's / Mother's /
Guardian's Name: _____ Guardian's Name: _____

Father's Work Mother's Work
Phone: _____ Phone: _____

Email address #1: _____ Email address #2: _____

Child is in the custodial care of (check one): Both Parents Mother only Father only Other

How did you hear about our camp? _____ Newspaper Ad _____ School Promotion
_____ Friend _____ Website
_____ Received Brochure _____ Open House

Are you a returning camper? Yes No

Tuition Agreement:

_____ Registration Fee until April 30, 2010. (\$65.00 Non-Refundable)

_____ Registration Fee after April 30, 2010. (\$90.00 Non-Refundable)

PROGRAM OPTIONS _____ **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.

Plan #1 _____ 5 Full Days @ \$118.00 (Monday – Friday)
Plan #2 _____ 3 Full Days @ \$88.00 (Monday – Wednesday – Friday)
Plan #3 _____ 2 Full Days @ \$69.00 (Tuesday – Thursday)
_____ **THESE ARE THE ONLY PLAN OPTIONS**
_____ **AVAILABLE.**

**Payments are payable in the CCA main school office
and are due one week in advance.
There is no reimbursement for missed
days for any reason.**

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).

<input type="checkbox"/>	Wk of June 7	<input type="checkbox"/>	Wk of June 21	<input type="checkbox"/>	Wk of July 5	<input type="checkbox"/>	Wk of July 19	<input type="checkbox"/>	Wk of August 2
<input type="checkbox"/>	Wk of June 14	<input type="checkbox"/>	Wk of June 28	<input type="checkbox"/>	Wk of July 12	<input type="checkbox"/>	Wk of July 26	<input type="checkbox"/>	Wk of August 9

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

Miscellaneous Purchases:

A 10-punch lunch card is available for \$28.00

Camp T-shirts are available for \$18.00 _____(Qty) _____(Size)

Campers registering for 10 weeks, 5 days / week receive a T-shirt for free!

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 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 due on a weekly basis payable on Monday of each week.
2. No deductions will be made for absences during the summer program, regardless of the cause of such 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 15, 2009 each written change will result in an additional charge of **\$5.00**.
4. A late charge of **\$20.00** will be assessed on an account with an unpaid balance at the end of each month. When an account is 3 weeks delinquent, a parent will be requested to withdraw the child 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. Carlisle Christian Academy 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 Christian 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 in the school office.*

Rules of Conduct:

Children Must:

1. Maintain personal care (toileting, changing) without staff support.
2. Stay with assigned group.
3. Respect for other campers, counselors, and equipment.
4. Listen to program leaders and follow directions.
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. Keep hands to oneself and maintain self control.
8. Take care of their own belongings.
9. Use equipment and supplies in a safe and appropriate manner.
10. Report teasing and bullying immediately to camp staff. Teasing and bullying are not tolerated and are grounds for enrollment termination.
11. Attempt to maintain Christian behavior in all activities.
12. Think safety.
13. Play safe and have fun!!

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 CCA 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: _____

Is the camper having any of the problems listed below?	Yes	No		Yes	No
1. Hay fever, asthma or wheezing			8. Drug allergies (list all)		
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		

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: _____

Parent's Signature _____

Date: _____

Camper Restrictions and Medications

Special Diet: _____

Is the camper normally a hearty or light eater: _____

Current Medications: (List all) _____

Prescription Drugs: _____

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.

Parent Signature

Prescription Medication

I prescribe _____ 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

Any specific activities to be discouraged: _____

Has the camper ever had any professional counseling? _____

If so, please provide any information which may prove helpful to staff working with your child:

Any additional information: _____

Parent or guardian acknowledges that they have read and completed in full the medical forms provided by Carlisle Christian Academy 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. **Signatures of both parents needed: - EACH COPY MUST BE ORIGINALLY SIGNED.**

Father's/Guardians Signature

Date

Mother's/Guardians Signature

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

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 list those people who are authorized to pickup 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 pickup the camper.

Name(s): _____ Relationship to Camper: _____

Driver's License # and State _____

Relationship to Camper: _____

Driver's License # and State _____

Relationship to Camper: _____

Driver's License # and State _____

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

Authorized Signature:

Date:

