



2018 APPLICATION

Today's Date _____ New Returning Full-time Part-time

Child's Name _____ Goes by _____

Age _____ Date of Birth _____ Male Female

Address _____ Phone _____

City _____ State _____ Zip _____

School now attending _____

Grade Entering _____

Please place a check in the box beside the weeks your child WILL BE attending FCA Summer Day Camp:

- May 28-June 1 June 18-22 July 9-13 July 30- August 3
- June 4-8 June 25-29 July 16-20 August 6-10
- June 11-15 Closed July 2-6 July 23-27 August 13-17

If part-time, what days will your child(ren) attend? _____

List any disabilities, complications, fears, medical conditions or allergies: _____

Father's Name _____ Employer _____ Work Phone _____

Supervisor _____ Department _____ Cell Phone _____

Mother's Name _____ Employer _____ Work Phone _____

Supervisor _____ Department _____ Cell Phone _____

Marital Status of Parents (Check one): Married Widow(er) Separated/Divorced Remarried

If parents are separated or divorced, with whom doe the child(ren) live? _____

Children (Please list the age of each): Brothers _____ Sisters _____

EMERGENCY CARE INFORMATION

Name of Child's Doctor _____ Phone _____

Name of Child's Dentist _____ Phone _____

Hospital Preference _____

If neither father nor mother (or guardian) can be contacted, call:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

PERSON(S) TO WHOM THE CHILD MAY BE RELEASED (OTHER THAN PARENT):

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Who is responsible for the payment of this account? _____

IN SIGNING THIS APPLICATION, WE AGREE TO THE FOLLOWING:

We give our child permission to participate in all Faith Christian Academy camp events. This includes sports, field trips and all recreational activities. This also assumes voluntary participation in these events by the child.

We also give permission for our child’s photograph to be used in promotional materials by Faith Christian Academy without the expectation of compensation in any manner.

We agree that the Academy staff may authorize the physician of their choice to provide emergency care in the event that neither we nor the family physician can be contacted. We give our permission for the camp to administer emergency care if the need should arise. Any exceptions are hereby listed below:

We will cooperate with Faith Christian Academy Summer Day Camp in all policies and standards.

We give permission for our child’s teacher or the day care director to make and enforce regulations in a manner consistent with Christian principles and discipline as set forth in the Scriptures. Discipline methods include, but are not limited to, removal of privileges (game time, etc.), parent contact, suspension or expulsion. We understand that all discipline will be carried out with tender loving care by the teaching staff and the administration. The goal of all discipline is to train the child to be happy and well behaved in all situations. We understand the stated policy concerning corporal punishment, and we will uphold Faith Christian Academy in their discipline policy.

We agree to pay the fee for our child’s care on Monday or the first day in attendance for the week. There is a \$15.00 late fee for payments not made on time.

We also assume payment for any special activities or field trips that are in addition to regularly scheduled activities such as skating, bowling, and water slide. We will be informed prior to the activity.

In conclusion, we understand that attendance at Faith Christian Academy Summer Day Camp is a privilege and not a right. This privilege may be forfeited by any student who does not conform with the standards and regulations at the school or camp. The school may dismiss any student at any time, who, in the opinion of the school, does not fit into the spirit of the school, regardless of whether or not he conforms to the specific rules and regulations of the school.

Father’s or Guardian’s Signature _____ Date _____

Mother’s or Guardian’s Signature _____ Date _____

BOTH PARENTS MUST SIGN!

FOR OFFICE USE ONLY

Approved by FCA Summer Day Camp Representative _____

Date Received _____ Paid: Cash Check Number: _____