



# SUMMER CAMP STUDENT REGISTRATION



- Application For:**
- |  |   |  |
|--|---|--|
| <input type="checkbox"/> STEM Camp (June 3-7) \$250    | <input type="checkbox"/> Theater Camp (June 10-14) \$250    | <input type="checkbox"/> Cooking Camp (June 17-21) \$290 |
| <input type="checkbox"/> Art Camp (June 24-28) \$290   | <input type="checkbox"/> Holiday Camp (July 1-2) \$100      | <input type="checkbox"/> Sports Camp (July 8-12) \$250   |
| <input type="checkbox"/> Dance Camp (July 15-19) \$250 | <input type="checkbox"/> Makerspace Camp (July 22-26) \$250 | <input type="checkbox"/> Holiday Camp (July 29-31) \$150 |

**Official Use Only:**  Returning Family    New Family    Application    Emergency Treatment & Transportation    Copies of Parents' /Guardian's Driver's Licenses   Date Registration Received: \_\_\_/\_\_\_/\_\_\_

Total # of Camps: \_\_\_   Deposit Amount: \_\_\_\_\_   Type: Cash / Check # \_\_\_   Date \_\_\_/\_\_\_/\_\_\_   Remaining Amount Due: 5/1 \_\_\_\_\_ 6/1 \_\_\_\_\_

**Student's Full Legal Name:** \_\_\_\_\_   **Date of Birth:** \_\_\_/\_\_\_/\_\_\_

Current Grade Level: \_\_\_\_\_   Age: \_\_\_\_\_   Race: \_\_\_\_\_   Gender:   Male    Female

Child Resides With:   Mother \_\_\_\_\_   Father \_\_\_\_\_   Both \_\_\_\_\_   Other \_\_\_\_\_

Custody of Child:   Mother \_\_\_\_\_   Father \_\_\_\_\_   Both \_\_\_\_\_   Other \_\_\_\_\_

Child Currently Enrolled at (Name of Elementary School) \_\_\_\_\_

*\*It is the responsibility of the parent(s) and/or legal guardian(s) to provide court ordered documentation regarding custody and/or revocation of parental rights.*

**Mother/Legal Guardian**

**Father/Legal Guardian**

Name _____	Name _____
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Home Phone # _____	Home Phone # _____
Cell Phone # _____	Cell Phone # _____
Work Phone # _____	Work Phone # _____
Email _____	Email _____

**Authorized Pick-Up and Emergency Contacts: In the event of an emergency, and the parents listed above cannot be reached, please contact the following:**

Name _____	Relationship _____	Phone # _____
Name _____	Relationship _____	Phone # _____
Name _____	Relationship _____	Phone # _____

Child's Physician: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_

Child's Dentist: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

**Financial Agreement**

I understand that a \$50 non-refundable deposit is due upon submission of the registration for **each** camp selected. I understand that the summer camp sessions at Foundations are to be paid for in advance. All **June camps** must be paid for in full **by May 1<sup>st</sup>** and **July camps** must be paid for in full by **June 1<sup>st</sup>**. Once tuition payment deadline has passed, neither the tuition nor deposits are non-refundable regardless of withdrawal, illness, or other personal circumstances.

**Student Health Policy**

For your child's health, as well as the health of other children and staff, **children are to remain at home or will be sent home if he/she:**

- Has a fever within the last 24 hours, children will be sent home immediately with a fever of 100 degree or above and may not return to school until they have been fever free for a 24 hour period
- Has diarrhea; children with 2 or more cases of diarrhea in a single school day will be sent home immediately and may not return to school until they have been free from diarrhea for a 24 hour period
- Has vomiting; children with 2 or more cases of vomiting in a previous 24 hour period, or unless the vomiting is determined to be due to a non-contagious condition and the child is not in danger of dehydration and may not return to school until they have been free from vomiting for a 24 hour period
- Is sneezing or coughing excessively due to a viral or bacterial illness
- Has nasal discharge that is cloudy, thick or yellow/green (if a child has continuous drainage that is clear, but affects classroom hygiene, the child will be sent home)
- Seems tired, cranky, or "under the weather" (often a sign of an impending illness)
- Has infected eyes, especially red eyes with discharge and drainage, or matting of the eyelids (must be examined by physician and approved in writing for return to school)
- Has the presence of any rash (must be examined by physician and approved in writing for return to school, rash must not be communicable)
- Any open sores that are raw and/or bleeding must be treated and kept properly covered
- Any child diagnosed with impetigo, ringworm, scabies or strep throat may be allowed to return to school after completing 24 hours of appropriate treatment
- If the child has any of the following conditions: wheezing, lethargy, irritability, persistent crying, difficulty breathing or other signs of illness
- If the illness prevents the child from participating comfortably in class activities and/or results in greater care need, than the staff is able to provide, without compromising the health and safety of other children

If a child shows symptoms of illness during the day, the child will be isolated and the parents will be called to pick up the child immediately. THE STUDENT MUST BE PICKED UP WITHIN 30 MINUTES. If a parent is unable to be reached at home, work, or by cell, the emergency contacts listed on the child's application will be phoned and asked to pick up the child. Child must be symptom free without the use of medication for 24 hours before returning.

### **Student Behavior/Discipline Policy**

It is our belief that discipline is for the purpose of correction and training, not punishment.

- Children shall never be subjected to discipline, which is severe, humiliating or frightening.
- Discipline shall not be associated with food or toileting.
- Spanking or any other form of physical punishment is strictly prohibited.

It is our belief that the purpose of discipline is two-fold.

- To maintain a healthy environment for learning and growing
- As a means of building character in children

We believe in practical forms of discipline and follow both "Love and Logic" and "Positive Discipline" approaches to correct and support child behavior.

**Foundations** reserves the right to dismiss any child who is unable to behave in a manner conducive to a Christian environment. Should the child create continued dangerous or disruptive behavior, beyond redirection, or refuses to cooperate with staff may be cause for immediate dismissal. Parents are expected to support our goals and their child in effort to create an environment that promotes respect and caring for other students, adults, school property and the promulgation of acceptable attitudes, actions, and good behavior.

I have read the financial, health, and discipline policies and agree to follow and support the practices and policies of Foundations Christian Montessori Academy. Furthermore, acknowledge that my child will be enrolled in the summer program(s) selected above.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Parent/Legal Guardian's Name                      Parent/Legal Guardian's Signature                      Date



# SUMMER CAMP

## Emergency Treatment and Transportation



Child's Name: \_\_\_\_\_ Grade: \_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Please check and/or list any medical condition your child may have:

Allergies     Asthma     Diabetes     Heart Condition     Other: \_\_\_\_\_

Allergies: \_\_\_\_\_

If allergic, what are signs/symptoms of allergic reaction/s? \_\_\_\_\_

Other Health Conditions and/or Medications: \_\_\_\_\_

Other learning, social, emotional, or behavioral concerns we should be aware of: \_\_\_\_\_

### Authorization for Medication

In the event your child need the disbursement of medication sent in from home, policy is as follows: (1) Completion of an Over-the-Counter Medication Authorization Form (2) Medication in the ORIGINAL container - Prescription meds in the original pharmacy labeled container (3) All meds must be delivered by the parent(s) to the office so that an Authorization Form can be filled out. Medications should never be in the possession of the child, in backpack, lunch box, or on person, etc.

### Authorization for Emergency Medical Care

In case of emergency, I authorize any representative of Foundations Christian Montessori Academy to present above stated minor to receive any emergency care needed.

Preferred Hospital: \_\_\_\_\_ Authorize Ambulatory Transportation YES \_\_\_ NO \_\_\_

\_\_\_\_\_  
Parent/Legal Guardian's Name                      Parent/Legal Guardian's Signature                      \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Date

**On this date, the above person appeared before me and verified that he/she understands and agrees to the above stated parental permission for emergency medical treatment.**

Dated the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. Type of ID: Driver's License / Personally Known

Driver's License: State: \_\_\_\_\_ # \_\_\_\_\_ County \_\_\_\_\_

Notary Public Signature \_\_\_\_\_ My Commission Expires: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(Notary Seal/Stamp)