



Est. 1997

Suncoast Christian Academy Summer Camp Registration—2011

Student Name: _____

Address: _____

City, State, Zip Code: _____

Date of Birth: _____ Age: _____ Sex: _____

Current School: _____ Last Grade Completed: _____

Has the child ever been dismissed/suspended from any school? _____

Allergies/ Medical Information: _____

Parent Info:

Child lives with : Both Parents _____ Mother _____ Father _____ Guardian _____

Other: _____

Parent or Legal Guardian: _____

Place of Employment: _____

Work Phone: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Email _____

Parent or Legal Guardian: _____

Place of Employment: _____

Work Phone: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Email _____

Important, everyone must answer this question.

*Is there a visitation order or other Florida court order barring either parent from removing the student during the school day or coming into contact with the student? ___ Yes _____ No **If Yes, provide school with a copy of the Florida court order.***

Parents **DO NOT** have shared parental responsibility. _____ If checked provide school with copy of court order.

Provide the name (s) of person (s), other than the parent, allowed to pick up the student.

Name	Relationship to student	Phone Number
1.-----	-----	-----
2.-----	-----	-----
3.-----	-----	-----
4.-----	-----	-----

ACTIVITY/FIELD TRIP PERMISSION FORM

I give my child, ----- permission to attend all FIELD TRIPS/ACTIVITIES/ SPORTS planned by Suncoast Christian Academy Summer Camp program. Suncoast Christian Academy, Inc. will take every reasonable precaution to keep your child safe; however; Suncoast Christian Academy does not assume legal responsibility for circumstances beyond its control.

----- Date -----
Signature of Parent/Guardian

Parental Consent for Release of Student Photograph and Media Information

I hereby give permission for the Suncoast Christian Academy (SCA) to use my child's photograph, video image, writing, voice recording, name, grade level, school name, description of participation and statistics in officially recognized activities and sports, diplomas and awards received, in annual yearbooks, newspapers, graduation programs, playbills, school productions, web sites, etc and/or similar school publications or in school approved news media interviews, articles and photographs. I understand that, without my signature, my child's name and photograph cannot and will not be included in any publications or presentations, including a school yearbook.

----- Date -----
Signature of Parent/Guardian

SWIMMING PERMISSION

My child, ----- cannot swim.
My child, ----- can swim.

I hereby give my permission for my child to go swimming with SCA Summer camp program. I shall not hold the school, counselor, or director responsible in case of accident, as I feel assured that maximum attention would be given to all safety precautions.

----- Date -----
Signature of Parent/Guardian

Student Name:_____

Please check the weeks your child will be attending camp:

- _____ June 13-17
- _____ June 20-24
- _____ June 27- July 1
- _____ July 4-8 (Closed Monday 7/4)
(Full tuition due)
- _____ July 11-15
- _____ July 18-22
- _____ July 25-29
- _____ August 1-5
- _____ August 8-12

<u>Office use only:</u>	
_____	Daily rate x _____ # of days
Weekly Fee= _____	
Activity Fee? _____	
1.	_____
2.	_____
3.	_____
4.	_____
5.	_____
6.	_____
7.	_____
8.	_____
9.	_____

Registration Fee is \$ 50.00 (includes 2 camp shirts)

Shirt size_____

Extra camp shirts- \$ 8.00 each

Camp shirts required for all field trips!

Weekly Activity Fee \$ 15.00- covers field trips (Kindergarten—up)

Payment is expected every Monday for the week.

Part-time (3 days a week) \$ 75.00

Full-time (5 days a week) \$125.00

**A minimum of 3 days per week is required. If possible, we would like to know which days your child will attend for our scheduling of activities and field trips.