

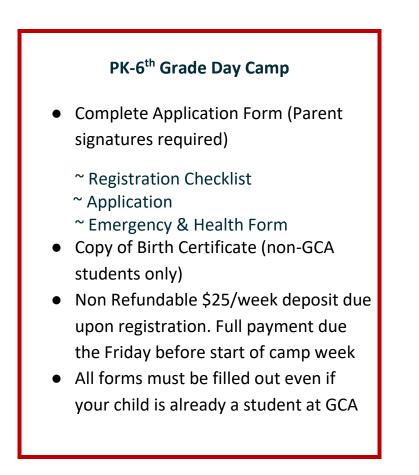
A Ministry of GRACE CHURCH | Waldorf

# 2023 Summer Day Camp Application

# Camp Dates: June 5, 2023 to August 4, 2023

### **REGISTRATION CHECKLIST**

**ALL STUDENTS:** The following items are required for all new students to complete registration:



All applicants are considered without regard to sex, race, nationality or ethnic origin.

NAME OF STUDENT:

# FINANCE OFFICE USE ONLY \_\_\_\_\_ Date Received \_\_\_\_\_ Payment Received



## GRACE CHRISTIAN ACADEMY of MARYLAND SUMMER CAMP APPLICATION

Application: One form per child.

Student's Full Name					
DOB					
2022-2023 Grade	Current Age		GENDER:	Male	Female
Home Address					
			Zip		
Home Phone					
Father's Name					
Email Address					
Father's Home #					
Address (if different from o	child)				
Mother's Name					
Email Address					
Mother's Home #	Work #		Cell #		
Address (if different from child	d)				
City		State	Zip		
<b>Guardian Information</b> Legal guardianship Name/		it from paren	ts):		
(The school must have a co	ppy of any and all court ord	ers regarding	custody and g	guardiansl	hip.)
Email Address					
	Work #				
Address (if different from chil	d):				
City		State	Zip		



## GRACE CHRISTIAN ACADEMY of MARYLAND SUMMER CAMP APPLICATION

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#### **Miscellaneous Fees:**

Early Arrival - Arrival prior to 7:45 AM will result in a \$15.00 fee.

**Late Pick Up** - Late charges will accrue at the rate of \$10.00/15 minutes when a child is not picked up on time from camp (3:00 PM) or after care (6:00 PM). Late pick up fees are due in cash or check when you pick up your child.

**Returned Check Fee** - There will be a fee of \$35 for any check returned for insufficient funds. **Refunds** - A request for a refund must be made in writing no less than 14 days from the start date of camp. There is a \$25 processing fee for any cancellations which will be deducted from the refund. **Refunds will not be issued for missing camp days due to illness or vacation.** 

<u>Additional Fees</u> - GCA Summer Camp will be going on field trips. There may be an additional cost each week depending on the trip(s).

Parent(s)/Guardian(s) Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Camp Cost:

Camp Tuition (8:00 AM-3:00 PM) - \$180/week Before Care (6:30 AM-8:00 AM) - \$50/week <u>After Care</u> (3:00 PM-6:00 PM) - \$75/week Registration requires a non-refundable \$25/week deposit. If the \$25 deposit is not paid, your child's spot will not be held.

Parent(s)/Guardian(s) Signature:

Date:

#### Photography/Videography Release:

GCA will often use photos and /or videos for promotion and advertising of our programs. Names/Pictures may be published in newspaper print. If you believe you have a special exception, you may speak to the camp director or a GCA administrator.

I understand that my child's photo/ video may be used in GCA advertising/ GCA social media/ website.

Parent(s)/Guardian(s) Signature:

Date: \_\_\_\_\_



#### **Dress Code & Behavior Standards for ALL Summer Camps:**

Day camp students are expected to abide by the behavioral standards of Grace Christian Academy. Dress is to be modest and appropriate. Grace Camp reserves the right to dismiss a child that is found uncooperative and consistently disruptive to the camp and its focus.

Parent(s)/Guardian(s) Signature:

Date:

#### **Release:**

It is understood that the school/camp does not have the funds to meet the bill resulting from necessary care for pupils in emergencies. It is important the parent be aware of his/her responsibility for any charges incurred. The school/camp does, however, maintain supplemental accident insurance coverage for students participating in school/camp activities, both on and off campus. Claims are to be made with the parents' insurance company first and then directly with the company that provides the supplemental insurance. Parents should contact the school/camp office for information on how to file a claim. I do hereby release & hold harmless any of the school/camp staff for any and all liability associated with the operations of the GCA summer camp programs and my child's participation therein. In the event my child needs to be transported by ambulance or emergency vehicle, I authorize transportation. In the event reasonable attempts to contact me/us have been unsuccessful, I/we hereby give my/our consent for administration of any treatment deemed necessary by camp staff and emergency medical personnel.

Parent(s)/Guardian(s) Signature:

Date: \_\_\_\_\_



# GRACE CHRISTIAN ACADEMY of MARYLAND SUMMER CAMP APPLICATION

~Continued~

Please circle the ca	amp weeks that y	ou are registering	for:			
Week 1 June 5-9	Week 2 June 12-16	Week 3 June 20-23	Week 4 June 26-30	Week 5 July 3-7		
		ek 7 Week 17-21 July 24	8 Week 9 4-28 Jul. 31-Aug	.4		
Please choose one	from the following	ng options:				
Before Care O	nly (6:30 AM-8:00	AM) \$50/week				
After Care Only (3:00 PM-6:00 PM) \$75/week						
Before and Af	ter Care \$125/week					
None						
Γ-Shirt:						
Campers will receive	a free T-shirt. Addit	ional shirts can be p	urchased for \$12.00.			
Please circle shirt size		1				
Youth Size: YS YN						
Adult Size: S	M LG XI	L				

# **EMERGENCY & HEALTH INFORMATION** – Summer Camp 2023

Chi	ild's Name:			DOB:		
1 <sup>st</sup> ]	Emergency Contact	mation is required:	Р	hone:		
2 <sup>nd</sup> Emergency Contact		Phone:				
car		EASE NOTE: STUDENT V		vision of care when parent or guardian TO PERSONS AUTHORIZED BY		
Na	me:	Phone:	Cell:	Relationship:		
				Relationship:		
				Relationship:		
				one:		
				Phone:		
				Group #:		
2.	Are there any medi your child's camp e			ve need to be aware of to ensure that		
me you	edication adminis ar child during camp campers who resid 1. State territory 2. Is this child exe	stration authorization for b. e within the United States, a in which child resides empt from any immunization	rm must be filled out for each m United States territory, or the D			
Fo	_		United States territory or the I			

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