SUNLIGHT
CHRISTIAN ACADEMY

Registration Date: _____ Start Date: _____

SUMMER CAMP ENROLLMENT FORM 2014

Child's Name: _____ Date of Birth: _____ Age: _____ Gender: M / F

Child Primarily Lives With: ☐ Mom and Dad ☐ Mom ☐ Dad ☐ Other: _____

Primary Address: _____ City / Zip: _____ Home Phone: _____

Mother's Name: _____ Email: _____ Cell #: _____

Employer: _____ Empolyer Phone: _____

Father's Name: _____ Email: _____ Cell #: _____

Employer: _____ Empolyer Phone: _____

Emergency Contact Name: _____ Relationship: _____ Phone #: _____

We heard about SCA through: ☐ friend: _____ ☐ magazine/ad: _____ ☐ Christian FM

☐ SCA postcard ☐ SCA website ☐ Drive by ☐ other: _____

FULL SUMMER PROGRAM - BEST VALUE!

6/9 - 8/8 Children will enjoy nine weeks of the Road Trip USA Summer Camp. (8:00-3:30)

☐ 5 day $100 ☐ 3 day $85 ☐ 2 day $70

ADDITIONAL CARE

Precare (7:00-8:00 am) ☐ 5 day $15 ☐ 3 day $12 ☐ 2 day $10

Extended Care (3:30-5:30 pm) ☐ 5 day $25 ☐ 3 day $22 ☐ day $20

Registration Fee $75

10% Discount: available to Sunlight Community Church members, five day bundled services and sibling tuition.

BY-THE-WEEK SUMMER CAMP

Choose select weeks for only $10 more perweek. (8:00-3:30)

☐ 5 day $110 ☐ 3 day $95 ☐ 2 day $80

☐ Week 1: Mississippi River, The Alamo (6/9-6/13)
☐ Week 2: Grand Canyon, Hoover Dam (6/16-6/20)
☐ Week 3: Redwood National Park, Golden Gate Bridge (6/23-6/27)
☐ Week 4: Yellowstone National Park, Mt. Rushmore (6/30- 7/4)
☐ Week 5: Great Lakes, Niagara Falls (7/7-7/11)
☐ Week 6: Ellis Island, New York City (7/14-7/18)
☐ Week 7: Liberty Bell, Washington, D.C. (7/21-7/25)
☐ Week 8: Appalachian Trail, Clingmans Dome (7/28-8/1)
☐ Week 9: St. Augustine, Kennedy Space Center (8/4-8/8)

CHILD INFORMATION

Please share the following information regarding your child (indicate N/A for those that do not apply):

Therapies: _____ Behavioral Concerns: _____

Allergies: _____ Medical Conditions: _____

EMERGENCY MEDICAL RELEASE

This is to certify that I voluntarily furnish medical information on the above-designated child to Sunlight Christian Academy. I hereby request that in the event that I or the people I authorize for an emergency cannot be reached in a timely manner, that an official representative of Sunlight Christian Academy seek first aid or emergency medical care for my child. I further give my consent for an emergency medical facility or physician to administer necessary medical treatment to my child if I am unable to be reached or the situation requires immediate attention. I understand that I am responsible for paying all medical bills. Initial _____

Primary Care Physician _____ Phone Number: _____

Health Insurance Company: _____ Policy # / Group #: _____

PICK UP AUTHORIZATION

In addition to primary caretakers listed on this form, I authorize the following individuals to drop off and pick up my child from SCA. Initial _____

Full Name of Person Authorized	Relationship	Phone Number(s)

*The individuals listed above must present their ID on their first visit to pick up your child; we will scan their fingerprint into our system which will authorize them to drop-off or pick-up your child. You may add or remove individuals at any time at the front office.

REGISTRATION FEE

A registration fee is required to enroll in any SCA program in addition to VPK. Once this fee is paid you may add or delete programs at any time throughout the year based on availability. This registration fee is non-refundable, even if your child withdraws from our school. Initial _____

By signing below, you verify that all the information on this enrollment form is accurate and complete.

Parent Signature: _____ Date: _____