



ST. CLOUD CHRISTIAN ACADEMY

2022 SUMMER CAMP ENROLLMENT FORM

Student Name: _____ Gender: Male: ____ Female: ____
Last Name, First Name, Middle

Date of Birth: ____/____/____ Age: ____ T-Shirt Size: _____

Address: _____ Apt#: _____

City: _____ State: _____ Zip: _____ Home Phone: _____

Dismissal Procedure: Walk () Bicycle () Car () Other: _____

Parent/Guardian #1 Name:

Parent/Guardian #2 Name:

Phone: _____

Phone: _____

Work Phone: _____

Work Phone: _____

Email: _____

Email: _____

EMERGENCY CONTACTS / ALTERNATE PICK-UP PERSONS

At dismissal and/or in case of emergency, the following people are authorized to pick up the student.

1. Name: _____

2. Name: _____

Relationship: _____

Relationship: _____

Phone: _____

Phone: _____

HEALTH / ALLERGY INFORMATION

Does the student take any medication? _____ Yes _____ No

If yes, please list them here: _____

Does the student have any allergies? _____ Yes _____ No

If yes, please list: _____

Does the student have an EpiPen prescribed? _____ Yes _____ No

How did you hear about us? _____

What weeks are you planning to have the student enrolled? Please check all that apply.

All Summer	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9
Jun 1-Jul 29	June 1/3	June 6/10	June 13/17	June 20/24	Jun 27/Jul 1	July 5/8	July 11/15	July 18/22	July 25/29
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

There will be NO summer camp Monday July 4th.

Registration fee is \$_____ and payment must be attached to this enrollment page.

<p>Pay Per Week (payment is due the Friday before the week the student will participate)</p> <p>Amount \$ _____</p> <p>Initial Here <input type="text"/></p>	<p>Enrollment paid in Full for June 1st – July 29th, 2022</p> <p>Amount \$ _____</p> <p>Initial Here <input type="text"/></p>
--	---

***A late fee will be charged at the rate of \$1 per minute late, per child after 6pm.**