



Revised March 2024

ST. CLOUD CHRISTIAN ACADEMY

2024 SUMMER CAMP ENROLLMENT FORM

Parent/Guardian #1 Name: _____

Parent/Guardian #2 Name: _____

Phone: _____

Phone: _____

Work Phone: _____

Work Phone: _____

Email: _____

Email: _____

Address: _____ Apt#: _____

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

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

Date of Birth: ____/____/____ Age: ____ Allergies & Medications: _____

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

Date of Birth: ____/____/____ Age: ____ Allergies & Medications: _____

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

Date of Birth: ____/____/____ Age: ____ Allergies & Medications: _____

EMERGENCY CONTACTS / ALTERNATE PICK-UP PERSONS

At dismissal and/or in case of emergency, the following people are authorized to pick up the student. **(Two people other than parents. Must be 18 years or older. Must show Florida ID)**

1. Name: _____

2. Name: _____

Relationship: _____

Relationship: _____

Phone: _____

Phone: _____

How did you hear about us? _____

Initials

Date

MEDICAL LIABILITY RELEASE

If my child/children become ill or injured while at camp or during camp sponsored activities, I give consent for the school authorities to take the following steps.

1. Contact emergency services (911) to secure medical assistance.
2. Contact me as the child's parent and inform me of the situation.

In the event I cannot be reached, I empower, authorize, and appoint the summer camp director or his / her designee to furnish on my behalf written and or oral authorization to secure the medical services as soon as needed to assist my child.

I further release the summer camp director, designee and school from liability which might arise from giving such authorization.

If the child/children is/are currently taking medication during summer camp hours, please request an
Authorization for Prescription or Non-Prescription Medication Form.

PARENT/GUARDIAN: Please check one of the following and sign your name.

- ☐ I give my permission for immediate medical treatment as required in the judgment of the attending physician. Notify me and/or any persons listed above as soon as possible.
- ☐ I **DO NOT** give permission for medical treatment.

MEDICAL INSURANCE INFORMATION

Health Insurance: _____ Provider: _____
Policy No.: _____ Group Family No.: _____

NO MEDICAL INSURANCE

- ☐ My child/children have no medical insurance. I understand that I will be responsible for all medical bills associated with care of my child.

Parent's Signature

Date

PERMISSION FOR FOOD-RELATED ACTIVITIES & SPECIAL OCCASION FOOD CONSUMPTION

Pursuant to 65C-22.005(1)(c)2., F.A.C., licensed childcare facilities must obtain written permission from parents/guardians regarding a child's participation in food related activities. These activities include such things as: classroom projects, gardening, school wide celebrations, and birthdays.

- ☐ I give permission for my child/children to participate in food related activities and special occasions wherein food is consumed.
- ☐ I **DO NOT** give permission for my child/children to participate in food related activities and special occasions wherein food is consumed.

Initials

Date

SUNSCREEN PERMISSION FORM

I give St. Cloud Christian Academy and their staff permission to apply sunscreen to my child/children.

I ask that the staff put sunscreen on ☐ all sun exposed areas ☐ face only ☐ body only.

All sunscreen ointment will be in the original container, with a valid expiration date, labeled clearly with the child's name, and given directly to a teacher accompanied by the Permission Form. Many ointments recommend against use before age six months.

Initials

Date

MEDIA RELEASE

Please be advised that your child may be photographed, video recorded, or interviewed for various school sponsored events. With your consent, the photograph, video recording, or interview may be reproduced and released for use in the media, i.e., brochures, videos, television, and St. Cloud Christian Academy school's websites and social media platforms such as Facebook, Instagram, etc.

- ☐ Yes, my child's video/photo/interview **MAY BE** reproduced and released for use in the media.
- ☐ No, my child's video/photo/interview **MAY NOT BE** reproduced and released for use in the media.

Initials

Date

PRICING INFORMATION

- One time registration fee of \$25 per child. Payment must be attached to this enrollment page.
- The weekly rate is \$120 per child.
- The extended care fee is \$35 per child and runs from 7:30am-8am and 3pm-6pm.

I understand that summer camp runs from 8am-3pm with extended care available from 7:30am-8am in the morning and 3pm-6pm in the evening. A late fee will be charged at the rate of \$1 per minute late, per child after 6pm. If there are changes to any information in this form, please notify the office immediately. This application does not guarantee enrollment of the student. I understand and agree to the application information. I confirm that all information provided is true and accurate and will notify the school in writing if any information changes.

Parent's Signature

Date