

2009 Sunshine Summer Blast Summer Camp



St. Marys Water Park

TNT Gymnastics

Kid's Chapel Service

Music

Field Day

Jax Party Zone

Diamond D Ranch

Skate Station

Art

Sunshine Christian Academy Mission Statement

“To provide instruction in Biblical training, spiritual growth, academic mastery, and physical development in order to help each student reach his/her full potential in Christ in accordance with Jeremiah 29:11”

45082 Frank Brookins Drive
P O Box 5026
Callahan, Florida 32011

PHONE (904) 879-1260
FAX (904) 879-2640

Accredited by Florida League of Christian Schools
www.sonshinechristian.com

Sunshine Christian Academy Summer Camp does not discriminate on the basis of race, color, sex, or national or ethnic origin in the administration of its program.

Sonshine Summer Blast Summer Camp Tuition Acknowledgement

FAMILY INFORMATION

Responsible Parent/Guardian Name(s): _____
 Address: _____
 City: _____ State: _____ Zip: _____ Home Phone: _____

STUDENTS ENROLLED FOR THE 2009 SONSHINE SUMMER BLAST SUMMER CAMP

1. _____ Age _____ 2. _____ Age _____
 3. _____ Age _____ 4. _____ Age _____

TUITION RATES

Registration Fee <i>Registration is nonrefundable & not discounted</i>	\$75.00 per child
7 year olds – 13 year olds Full Week <i>Weekly Tuition includes field trips. No care is provided on field trip days if student does not attend scheduled field trip</i>	\$90.00 1 st child \$85.00 2 nd child \$80.00 3 rd child
5 year olds – 6 year olds Full Week <i>Weekly Tuition includes field trips. No care is provided on field trip days if student does not attend scheduled field trip.</i>	\$105.00 1 st child \$100.00 2 nd child \$90.00 3 rd child
4 year olds Full Week	\$125.00 1 st child \$120.00 2 nd child \$115.00 3 rd child
Minimum due weekly <i>Minimum of \$50.00 per week, with the exception of 1 week vacation, will be due to hold full time positions</i>	\$50.00
Drop In Rate 4 year old program <i>Drop ins allowed only if space is available.</i> 5 & 6 year old program <i>Drop ins allowed on Monday, Wednesday, and Thursday with no advance notice. Drop ins allowed Tuesday and Friday with 2 day notice due to field trips.</i> 7 – 13 year old program <i>Drop ins allowed on Monday, Wednesday, and Thursday with no advance notice. Drop ins allowed Tuesday and Friday with 2 day notice due to field trips.</i>	\$30.00

TUITION ASSISTANCE

Sonshine Christian Academy does not offer any type of Tuition Assistance or Scholarships.

STATEMENT OF PAYMENT TERMS

- All financial obligations are to be cleared with the school office before the end of each week. **All payments are due by Monday of the current week.**
- Students with overdue accounts will be withheld from attending summer camp.
- A **\$10.00** late fee will be billed to each account if the scheduled payment has not been received within three days of the due date.
- In addition, a service charge of **\$30.00** will be assessed for all checks returned by the bank. *(All future payments will be in the form of cash/money order)*

Acknowledgment:

We/I, the undersigned, having carefully read this entire Tuition Acknowledgement, including the Tuition and Fees schedule, do hereby acknowledge that we fully understand and adhere to the terms and conditions as set forth herein.

 Father's/Guardian's name (Please Print)

 Mother's/Guardian's name (Please Print)

 Other Person Responsible (Please Print)

 Father's/Guardian's signature

 Mother's/Guardian's signature

 Other Person Responsible signature

 Date

 Date

 Date

PERSONAL INFORMATION

Student's Full Name: _____ Prefers to be called: _____
Address: _____
City: _____ State: _____ Zip: _____ Home Phone: _____
Date of Birth: ___/___/___ Age: _____ Place of Birth: _____
Sex: ___ Male ___ Female Social Security #: _____
Referred By: _____

FAMILY INFORMATION

FATHER/ STEPFATHER/GUARDIAN

(Please circle one)

Name: _____
Occupation: _____
Employer: _____
Work Phone: _____
Cell Phone: _____
Alt Phone: _____

MOTHER/ STEPMOTHER/GUARDIAN

(Please circle one)

Name: _____
Occupation: _____
Employer: _____
Work Phone: _____
Cell Phone: _____
Alt Phone: _____

If child does not live with both natural parents, please list the name, address and phone # of the other natural parent: _____

Should this parent receive correspondence? Yes No (If court order issued, copy must be supplied)

Siblings' Names and Ages: _____

EMERGENCY INFORMATION

List four people to contact if parents cannot be reached:

Name: _____ Relationship: _____ Phone: _____
Name: _____ Relationship: _____ Phone: _____
Name: _____ Relationship: _____ Phone: _____
Name: _____ Relationship: _____ Phone: _____

Please note the following information

- Lunch is not provided, however Gatorade may be purchased for \$1.25
- Afternoon snack is provided
- Registration is on a 1st come 1st serve basis
- Registration fee and 1st weeks tuition are due upon enrollment
- Payment for weekly tuition is due on Monday for the coming week.
- Sonshine Christian Academy Summer Camp is not staffed to offer Summer Camp for special needs children. All student enrolled in Sonshine Christian Academy's Summer Camp Program are enrolled on a trial basis.
- A Summer Camp Parent/Student Handbook will be provided and reviewed on the first day of camp.
- Students not picked up by 6:00 p.m. will be assessed a \$15 charge for any part of each quarter hour thereafter.

STATEMENT OF LIABILITY

Sonshine Christian Academy Summer Camp

Print Student's Name: _____
Last
First
Middle

I understand that I will receive the current "Student Handbook" on the first day of camp and realize that my child and I are responsible to read and abide by the policies therein and to be in harmony with the spirit of Sonshine Christian Academy Summer Camp. My child and I will be an encouragement to others by abiding by the policies of the Camp.

I indemnify and save Sonshine Christian Academy Summer Camp, it's employees, and agents harmless from any liability or medical expense resulting from any sickness, accident, or injury while my child is participating in any activity on or off campus. When my child uses any of the Camp's facilities or participates in any activity, they do so at their own risk. I understand and agree that Sonshine Christian Academy Summer Camp is not responsible for my child's medical expenses and that Sonshine Christian Academy Summer Camp does not provide any accident or medical insurance to cover my child's medical expenses should they become sick or injured. I am responsible for my own child's medical expenses and will file any medical claim with my own insurance company or pay the cost myself.

I further agree that should I take any legal action against Sonshine Christian Academy Summer Camp or it's employees or agents, I will reimburse them for attorney fees, court fees, damages or other costs they incur to defend themselves against such action if it is determined they are not found at fault.

I give permission for any photographs of my child to be used by Sonshine Christian Academy Summer Camp in advertising, brochures, websites or other publications.

Consent Agreement

Parents have the responsibility in guiding the child's behavior at home and influencing his/her conduct at Sonshine Christian Academy Summer Camp. Parents should make sure that the student arrives on time and is properly dressed. Appropriate rules of conduct will be applied to all students at SCA Summer Camp. Students are expected to comply with all rules in a respectful manner.

1. Upon acceptance of my child into SCA Summer Camp, I am obligated to pay the tuition and all other fees when due. The school will make no refund of these fees.
2. I will support SCA's enforcement of rules of conduct as listed in the Parent/Student Summer Camp Handbook and as the school administration deems necessary.

I further agree that while every reasonable precaution will be taken to insure the safety and well being of my child, I will in no way hold Sonshine Christian Academy Summer Camp or Crossroads Family Worship Center responsible for any accidents affecting my child. In no way will Crossroads Family Worship Center or the camp be held liable for damage.

Signature of Parent or Legal Guardian Date

SWORN AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____ 20 ____.
BY _____
PERSONALLY KNOWN: _____ PRODUCED IDENTIFICATION: _____ TYPE: _____

NOTARY PUBLIC, STATE OF FLORIDA Notary's Name (printed)

NOTARY PUBLIC STATE OF FLORIDA AT LARGE
MY COMMISSION EXPIRES: _____ NOTARY SEAL

PARENTAL CONSENT, CERTIFICATION, AND MEDICAL AUTHORIZATION

Copyright 1998 Church Law and Tax Report

Parents and legal guardians of minor children are asked to complete this form and return it to the school. The information requested is designed to assist the school in providing for the safety of minors during camp-sponsored activities.

General Information (please print)

Child's Name: _____ Date of Birth: _____

Father's Name: _____ Mother's Name: _____

Child's Address: _____

Home Phone #: _____ Parent's Work Phone #: _____

Family Doctor: _____ Doctor's Phone #: _____

Insurance Company Covering Child: _____ Policy #: _____

Consent and Certification

I, the undersigned, being the parent or legal guardian of the child named above (the "child"), do hereby consent to the participation of my child in all of the regularly scheduled activities of the students of Sunshine Christian Academy Summer Camp, an affiliate of Crossroads Family Worship Center of Callahan, Florida, during the 2008 Summer Camp, including field trips, sporting events, and any other activities customarily associated with a Summer Camp. Further, I certify that my child is physically fit and adequately trained to participate in such events, including swimming, except as noted below: _____

Medical Questionnaire:

- Is your child presently being treated for an injury or sickness or taking any form of medication for any reason? Yes _____ No ____ If yes, please explain: _____

- Does your child have any allergies (including medications)? Yes _____ No ____ If yes, please explain: _____

- Does your child ever sleep walk? Yes _____ No ____
- Does your child have any physical condition or illness that would prevent him or her from participating in the regularly scheduled activities described above or in any other rigorous activity? Yes __ No ____
If yes, please explain below. Your child's physician authorizing your child to participate in such activities must submit a written release. _____

- Does your child require a special diet? Yes _____ No ____ If yes, please explain: _____

Medical Treatment Authorization

I understand that I will be notified in the case of a medical emergency involving my child. However, in the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill. I authorize any one or more of the following persons to make emergency medical decisions on behalf of my child, if required by law or a health care provider: _____
_____ I understand that the camp/church will not be responsible for medical expenses incurred solely on the basis of this authorization.

I agree to notify the camp in the event of any health changes, which would restrict my child’s participation in any normal school activities. I also understand that the adult supervisors reserve the right to restrict my child from any activity that they do not feel is within the physical capabilities of my child.

Signature of Parent or Guardian

Date

Signature of Parent or Guardian

Date

SWORN AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____ 20 ____.

BY _____

PERSONALLY KNOWN: _____ PRODUCED IDENTIFICATION: _____ TYPE: _____

NOTARY PUBLIC, STATE OF FLORIDA

Notary’s Name (printed)

NOTARY PUBLIC

STATE OF FLORIDA AT LARGE

MY COMMISSION EXPIRES: _____

NOTARY SEAL

2009 Summer Camp Pick – Up Authorization

Student's Name: _____ Grade: _____

Natural Father's Name: _____ Allowed to pick child up: Yes No

Natural Mother's Name: _____ Allowed to pick child up: Yes No

Custodial Parent/Guardian Name(s): _____ Allowed to pick child up: Yes No

Is there a court order on file with the school office Yes No

List other individuals who are authorized to pick up child: (print)

Authorized Name (not nick name)

Contact Phone Number(s)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Parent/Legal Guardian Signature

Date

****Changes to this list must be made in the school office; proper identification must be shown.****