

SUMMIT CHRISTIAN ACADEMY

2017 CURRENT STUDENT APPLICATION FOR CAMP EAGLE SUMMIT

(Students entering 1st-6th grade in the Fall)

1500 SW Jefferson, Lee's Summit, MO 64081

Administration & Secondary 816-525-1480 Fax 816-525-5402

Elementary 816-524-0185 Fax 816-524-4105



Applicant's Full Legal Name			Date of Application	
Applicant prefers to be called:	Age	Sex	Grade to Enter	
Name of Parents or Guardians				
Address, City, State, Zip Code				
Parent's Phone #				
Parent's Cell Phone #				
Email addresses for school communication purposes				
Employer's Phone Number				
List person(s) to contact in case of emergency in the event parents cannot be reached:				
Name _____		Name _____		
Relationship _____		Relationship _____		
Home Phone # _____		Home Phone # _____		
Cell Phone # _____		Cell Phone # _____		
Indicate preference of hospital in the event of an emergency:				
Student's Physician			Phone #	
Camp Eagle Summit includes three visits per week to Summit Waves Pool. Please indicate your child's swimming abilities below:				
<input type="checkbox"/> Beginner. Not fearful of water but needs floatation device on and around water. <input type="checkbox"/> Intermediate. Had swimming instruction. Needs floatation device in deep water. <input type="checkbox"/> Advanced. Has skill and confidence in any depth of water. Can swim independently. No floatation device needed.				
Signature of Parent or Guardian:			Date:	
Does the applicant have medical conditions that the school should be aware of? (Failure to provide health information releases the school from all liability.)				
Does the applicant regularly require any medication? If yes, please explain.				

CAMP EAGLE SUMMIT OPTIONS AND FIELD TRIPS

(Complete One Per Camper)

Family Name _____ Camper Name _____

Camp hours are 8:30 a.m. to 3:30 p.m. five days a week, excluding Memorial Day (May 30) and Independence Day (July 4).

Camp registration fee is \$50 per child if paid by April 30, \$75 per child after May 1, and should be turned in with application to reserve a spot for your child(ren).

Camp fees are \$175 per week or \$50 per day with a maximum weekly fee of \$175.

Camp fees are due on Monday of the week of camp attendance. Weekly camp fees will be billed through your FACTS incidental account. You will receive an invoice via email 10 days prior to the due date. This invoice will contain the fee amount and date it will draft from your account.

As you mark your camp choices below, please keep in mind that you are responsible for payment of your selected weeks/days regardless of your child's attendance. Daily staffing is based on the number of students who have made a reservation. Changes to your selected weeks/days must be preapproved two weeks in advance by your Camp Director. No exceptions will be made. Absences due to illness are not refundable and are not transferable to a different day.

Before- and after-care are available at no extra charge from 7- 8:30 a.m. and 3:30-6 p.m.

Please enroll my child in Before-Care (7-8:30 a.m.) <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F My child will arrive at _____ a.m.	Please enroll my child in After-Care (3:30-6 p.m.) <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F My child will be picked up at _____ p.m.
My child's T-shirt size is: <input type="checkbox"/> Youth XS <input type="checkbox"/> Youth S <input type="checkbox"/> Youth M <input type="checkbox"/> Youth L <input type="checkbox"/> Youth XL <input type="checkbox"/> Adult S <input type="checkbox"/> Adult M <input type="checkbox"/> Adult L	

Check all Camp weeks or days that apply:

	Full Week	M	T	W	Th	F	
MAY 22-26	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sea Life
MAY 30-JUNE 2 (no camp May 30)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Shatto Milk Company
JUNE 5-9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Kansas City Zoo
JUNE 12-16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Main Event
JUNE 19-23	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Landmark Skate
JUNE 26-30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Money Museum
JULY 3-7 (no camp July 4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Coterie Theatre
JULY 10-14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	KC Sport Lab at Arrowhead Stadium
JULY 17-21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Jump City
JULY 24-28	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sky Zone
JULY 31-AUGUST 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Science City

Field trips are subject to change.

**SUMMIT CHRISTIAN ACADEMY
CAMP EAGLE SUMMIT AGREEMENT AND RELEASE**

My child, _____, has full permission to participate in all activities of Summit Christian Academy's Camp Eagle Summit (both on and off site) and is in good health.

I give my consent for him/her to go on field trips and will not hold the school responsible in case of accident or injury, whether it be en route to or from any activity or during any activity, and hereby agree to hold Summit Christian Academy, its employees, agents, representatives, and volunteers harmless from any and all liability, actions, causes of action, debts, claims, or demands of every kind and nature whatsoever which may arise by or in connection with participation by my child in any activities related to Camp Eagle Summit.

If I cannot be reached and in the event of an emergency, I also give consent for the school to obtain, through a physician or hospital of its choice, such medical care as is reasonably necessary for the welfare of my child, if he/she is injured in the course of any Camp Eagle Summit activity. I authorize the release of necessary medical information to the physician, athletic trainer, and/or school personnel related to such treatment/care.

I agree to pay all charges for any treatment/care provided for my child. My child is covered by basic health/accident insurance through

(Name of Insurance Company)	(Policy Number)	Date
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I give permission for the Camp Eagle Summit Director or his/her designee to administer the following as needed:

Please check all that apply: Tylenol Ibuprofen Benadryl Cream Neosporin Hydrocortisone

I give do not give permission for any photographs or video footage taken of my child as a result of participation in the activities of Summit Christian Academy's Camp Eagle Summit to be used in promotional materials.

Camp Eagle Summit reserves the right to dismiss any student who does not respect the spiritual standards of the school or cooperate with camp personnel.

I understand that all camp fees are due at the beginning of each camp week. If an account is in arrears, a student may be asked not to return.

Printed Name of Parent/Guardian	Signature of Parent/Guardian	Date
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CAMP EAGLE SUMMIT & CAMP EAGLE SUMMIT, JR.

Authorization for Administration of Medication to Students

Student Name: _____ Age: _____ DOB: _____

Grade in Fall 2017: _____ Attends: Camp Eagle Summit OR Camp Eagle Summit Jr.

MEDICATION ALLERGIES (LIST): _____

Medication to be Given at School: _____

Physician Name: _____ Phone: _____

Reason for Medication: _____

Potential Side Effects: _____

Time(s) of Administration: _____ Dosage: _____

Medication shall be administered from: Start Date: _____ to End Date: _____

For inhalers or insulin: is the child sufficiently responsible to permit unsupervised self-administration of medication?
 Yes No

May the child omit this medication during a field trip? Yes No

I have given the first dose of this medication at home: Yes No

I request that the above medication, ordered by his/her medical provider for my child, _____, be administered by school personnel. I give permission for exchange of written and verbal communication between the physician and the school regarding my child's medication regime. I request that my child be assisted in taking the medicine described above at school by authorized persons, or are permitted to medicate himself/herself as authorized by me and my physician. I understand that I must supply the school with prescribed medication in the original container dispensed and properly labeled by a physician or pharmacist and will provide no more than a 30 camp day supply. I understand that this medication will be destroyed if it is not picked up within one week following termination of the order or a week beyond the close of camp.

I understand that school officials may not be held liable for reactions if the medication is administered per these directions and at the request of the appropriate guardian.

I understand that all medication administration and healthcare needs are my responsibility during all off campus activities.

Signature: _____ Relationship: _____ Date: _____

Cell Phone: _____ Work Phone: _____ Home Phone: _____