

SUMMIT CHRISTIAN ACADEMY

2017 NEW STUDENT APPLICATION FOR CAMP EAGLE SUMMIT, JR.

(Ages 2½ by July 31 and potty-trained up to entering Kindergarten)



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	
Street	City	State	Zip Code	Home Phone #
Public School District Student Would Attend		Applicant's Date of Birth		
How would you describe the applicant? (This item is optional) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Hispanic (including Puerto Rico) <input type="checkbox"/> Asian or Pacific Islander (including Indian subcontinent) <input type="checkbox"/> White, Anglo, Caucasian, American (non-Hispanic) <input type="checkbox"/> African-American <input type="checkbox"/> Other, specify _____				
Name of Parents or Guardians				
Has the applicant ever been suspended, expelled, or disciplined beyond the ordinary? If yes, explain.				
Has your child ever had or been recommended to have counseling? If so, for what purpose?				
Has the applicant ever been involved with family court? If yes, please explain.				
Names of Brothers and Sisters		Ages	Names of Brothers and Sisters	
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 # _____		

PARENT/GUARDIAN INFORMATION
(COMPLETE ONE PER FAMILY)

	Father/Guardian	Mother/Guardian
Full Name		
Full Address		
Parent's Phone #		
Parent's Cell Phone #		
Email addresses for communication/billing purposes		
Check all that apply	<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Remarried	<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Remarried
Employer's Name		
Position Title		
Employer's Phone Number		
Home Church & Denomination		
Someone on the pastoral staff who is acquainted with you from whom we can secure a pastor's reference:		Email Address for pastoral contact:
Church Address & Phone Number		
Church Attendance	<input type="checkbox"/> Occasionally <input type="checkbox"/> Frequently <input type="checkbox"/> Regularly	<input type="checkbox"/> Occasionally <input type="checkbox"/> Frequently <input type="checkbox"/> Regularly
When were you saved?		
How would you describe your relationship with the Lord?		
Are there any special family problems or circumstances that we should know about in order to best serve you and your children?		
Indicate preference of hospital in the event of an emergency:		
Student's Physician	Phone #	
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, JR. (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 \$195 per week or \$50 per day with a maximum weekly fee of \$195.

Camp fees are due on Monday of the week of camp attendance. Weekly camp fees will be billed through your FACTS incidental account. *(You must meet with the finance office to set up a FACTS account prior to your child's first day of camp.)* 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. 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	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. <input type="checkbox"/> Adult S <input type="checkbox"/> Adult M <input type="checkbox"/> Adult L
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Check all Camp weeks or days that apply:

	Full Week	M	T	W	Th	F	Hawaiian Discovery Unit
MAY 22-26	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Aloha
MAY 30-JUNE 2 (no camp May 29)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Aloha
JUNE 5-9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ocean Creatures
JUNE 12-16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ocean Creatures
JUNE 19-23	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sandy Beaches
JUNE 26-30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sandy Beaches
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"/>	Examining the Rainforest
JULY 10-14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Examining the Rainforest
JULY 17-21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hawaiian Plant Life
JULY 24-28	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hawaiian Plant Life
JULY 31-AUGUST 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exploring Volcanoes

SUMMIT CHRISTIAN ACADEMY CAMP EAGLE SUMMIT, JR. 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

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.

Parent/Guardian Signature _____

Printed Name of Parent/Guardian _____ Date _____

SUMMIT CHRISTIAN ACADEMY STATEMENT OF FAITH

As a community school, it is not our intention to promote the doctrines of any one church or denomination. Instead, we will center on those beliefs that we share in common with each other.

1. We believe the Bible to be the only inspired, infallible, authoritative, inerrant Word of God (II Timothy 3:16; II Peter 1:21).
2. We believe there is only one God, eternally existent in three persons. Father, Son, and Holy Spirit (Genesis 1:1; Matthew 28:19; John 10:30).
3. We believe in the deity of Christ (John 10:33); His virgin birth (Isaiah 7:14; Matthew 1:23; Luke 1:35); His sinless life (Hebrews 4:15; 7:26); His miracles (John 2:11); His vicarious and atoning death (I Corinthians 15:3, Ephesians 1:7, Hebrews 2:9); His resurrection (John 11:25; I Corinthians 15:4); His ascension to the right hand of the Father (Mark 16:19); His personal return in power and glory (Acts 1:11; Revelation 19:11).
4. We believe in the absolute necessity of regeneration by the Holy Spirit for salvation because of the exceeding sinfulness of human nature; and that men are justified on the single ground of faith in the shed blood of Christ and that only by God's grace and through faith alone, we are saved (John 3:16-19; 5:24; Romans 3:23; 5:8-9; Ephesians 2:8-10; Titus 3:5).
5. We believe in the resurrection of both the saved and the lost; they that are saved unto the resurrection of life and they that are lost unto the resurrection of damnation (John 5:28-29).
6. We believe in the spiritual unity of believers in our Lord Jesus Christ (Romans 8:9; I Corinthians 12:12-13; Galatians 3:26-28).
7. We believe in the present ministry of the Holy Spirit by whose indwelling the Christian is enabled to live a godly life (Romans 8:13-14; I Corinthians 3:16; 6:19-20; Ephesians 4:30; 5:18).

Summit Christian Academy believes these precepts are basic to the Christian faith.

I/we are in agreement with the Summit Christian Academy Statement of Faith.

Signature of Father/Guardian

Date

Signature of Mother/Guardian

Date

Summit Christian Academy admits students of any race, color, and national or ethnic origin.

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: _____

