

# SUMMIT CHRISTIAN ACADEMY

## 2018 CURRENT 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, Missouri 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 #	Father	Mother	
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 #	
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 28) 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.

Weekly camp fees and lunch charges will be billed through your FACTS incidental account. *(If your student does not attend SCA during the school year, you must meet with the finance office to set up a FACTS account prior to the first day of camp for your child).* Fees will be billed the Monday following the week of camp attendance. For example, if your camper attends camp the week of May 28, we will bill on Monday, June 4. Payment will draft from your bank account 10 days later. Billing notices are sent via email from FACTS Management.

**Families are responsible for payment of their selected weeks/days regardless of child's attendance. Daily staffing is based on the number of students who have made a reservation. Changes to selected weeks/days must be preapproved two weeks in advance by the 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.)	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 arrive at _____ 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 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	Heroes
MAY 21-25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Military
MAY 29-JUNE 1 (no camp May 28)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Military
JUNE 4-8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Animals
JUNE 11-15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Animals
JUNE 18-22	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Policeman
JUNE 25-29	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Policeman
JULY 2-6 (no camp July 4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fireman
JULY 9-13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fireman
JULY 16-20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bible Heroes
JULY 23-27	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bible Heroes
JULY 30-AUGUST 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Jesus is My Hero!

# 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

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 \_\_\_\_\_

# CAMP EAGLE SUMMIT & CAMP EAGLE SUMMIT, JR.

## Authorization for Administration of Medication to Students

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Grade in Fall 2018: \_\_\_\_\_ 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: \_\_\_\_\_