



# Manassas Christian School

Learning in a Loving Christian Environment



Will you need extended care?  
Yes / No  
(circle one)

## SUMMER CAMP REGISTRATION 2010

Grade Completed in June:

\_\_\_\_\_

Child's Name \_\_\_\_\_ Nickname \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Child's SSN \_\_\_\_\_

Reserve the dates that your child will be attending camp:

Week of:	June 14 _____	July 5 _____	Aug. 2 _____
	June 21 _____	July 12 _____	Aug. 9 _____
	June 28 _____	July 19 _____	Aug. 16 _____
		July 26 _____	Aug. 23 _____

Circle T-shirt size: Child S Child M Child L Adult S Adult M Adult L

Are you interested in Swimming Lessons? \_\_ Yes \_\_ No Level: \_\_\_ Beginner \_\_\_ Intermediate \_\_\_ Advanced

Mother's Name \_\_\_\_\_ Mother's SSN \_\_\_\_\_

Mother's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Mother's Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Employer Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Father's Name \_\_\_\_\_ Father's SSN \_\_\_\_\_

Father's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Father's Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Employer Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Child's Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Persons authorized to pick-up the child daily: \_\_\_\_\_

	Permitted to pick-up child?		Has legal custody?	
Mother	_____ Yes	_____ No	_____ Yes	_____ No
Father	_____ Yes	_____ No	_____ Yes	_____ No
Guardian	_____ Yes	_____ No	_____ Yes	_____ No

List Allergies: \_\_\_\_\_

Emergency plan for allergic reaction: \_\_\_\_\_

List medication(s) taken regularly: \_\_\_\_\_

Reason for medication(s) and instructions for medication(s) \_\_\_\_\_

List any chronic physical problem(s) \_\_\_\_\_

Accommodations needed: \_\_\_\_\_

# Authorization and Signature Page

Persons to be contacted in case of illness, accident or emergency and authorized to pick-up the child from camp if the parents or guardians cannot be reached. (Minimum of 2 required)

\_\_\_\_\_  
Name Address Phone Relationship

\_\_\_\_\_  
Name Address Phone Relationship

## AUTHORIZATION FOR EMERGENCY MEDICAL CARE

**Please Note: This authorization must be NOTARIZED.**

If I cannot be contacted in an emergency situation, I authorize the camp's staff to obtain emergency medical treatment for my child.

Signature of Parent or Guardian: \_\_\_\_\_

Date \_\_\_\_\_

Subscribed and Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

City or County: \_\_\_\_\_

Notary Public Signature: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

**I understand that to complete the Camp Registration process for my child, I must complete this registration form and attach a check for the registration fee and one week's tuition. These fees are non-refundable.**

**I understand that the pre-paid tuition will be applied to the last week of camp that I reserve for my child. If my child does not attend one of my reserved weeks, the pre-paid tuition will be applied to that week.**

Mother/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Father/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Principal's Signature \_\_\_\_\_ Date \_\_\_\_\_

*FOR OFFICE USE ONLY*

### IDENTITY VERIFICATION

Place of Birth: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Birth Certificate Number: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Other Form of Proof: \_\_\_\_\_

Principal/Camp Director Signature: \_\_\_\_\_

# Manassas Christian School Summer Camp Policies

1. I \_\_\_\_\_, the parent of \_\_\_\_\_ agree to release and hold harmless *Minnieland Private Day School Inc.* and its employees, from any accident or harm that may occur should I retain the services of any Minnieland employee for the care of my child(ren) outside the school. I understand that *Minnieland Private Day School Inc.* does not condone or encourage that its employees be employed by parents of enrolled children outside the school. If I retain the services of any *Minnieland Private Day School, Inc.* employee in such capacity, *Minnieland Private Day School Inc.* has no responsibility and is held harmless from any incident which may occur.
2. I understand that all forms required must be completed and on file before my child(ren) may attend.
3. I understand that my child must not be left on camp grounds without supervision. I agree to walk my child (ren) into the school building each morning and release my child to a camp counselor before leaving my child. I will sign my child in and out each day.
4. I understand that no child may be released to anyone except parents/guardians without written permission. I understand that we will release children to either parent unless a court order indicating sole custody is provided to the Camp Director. I agree to give to the camp a list of all persons authorized to pick up my child(ren).
5. I understand that no medication will be administered without written permission from parents or guardian.
6. I understand that *Minnieland Private Day School Inc.* has a secondary accident insurance for children injured while participating in the program. Minnieland's insurance may pay usual and customary charges to a maximum of \$10,000. This policy provides medical coverage for any accident or injury that occurs during the time the child is in our care that is not covered by family insurance.
7. I authorize my child to participate in walking and bus field trips scheduled by the camp. I understand that a permission form will be provided for parental authorization of each trip.
8. I agree to support and reinforce the camp's rules and procedures that concern the health and safety of my child(ren) and other children.
9. I understand that the Principal will notify me whenever my child becomes ill and I agree to pick-up my child thereafter as soon as possible. I understand that prescription medication must be administered to my child at home for 24 hours before he/she can return to camp. I also understand that my child must be fever-free for 24 hours before returning to camp after an illness.
10. I understand that I must notify the camp within 24 hours, or the next business day if my child or any member of my immediate household has developed any reportable communicable disease as defined by the state board of health, such as strep, chicken-pox. Any life threatening diseases, such as meningitis, will be reported immediately.
11. I understand that camp and/or child care services may be terminated for any of the following reasons:
  - My child's camp account becomes more than two weeks in arrears. At this time, the one-week of pre-paid tuition will be applied to the account to partially cover accrued charges.
  - Manassas Christian School does not receive parental support and help when my child is found to have a behavioral problem. This includes failure to attend parent conferences and to follow through with medical and/or educational specialists.
  - My child's behavior pattern threatens his or her own health and safety or threatens the health and safety of other children and staff.
  - The parents are no longer supportive of Manassas Christian School program and philosophy and become negative and uncooperative in their actions and opinion which may undermine the operation of the camp.
12. I understand that if my child does not attend one of my reserved weeks, the pre-paid tuition will be applied to that week.

*PLEASE READ AND SIGN: I have read the policies and understand their application to me and my child.*

Mother/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Father/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Principal's Signature \_\_\_\_\_ Date \_\_\_\_\_