Manassas Christian School

Learning in a Loving Christian Environment

Kindergarten through Eighth Grade

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

SUMMER CAMP REGISTRATION 2012

Grade Completed in June: _____

Child's Name _____ Nickname _____

Date of Birth _____ Sex _____ Child's SSN _____

Day Camp

___ **June 11-15**
___ **June 18-22**
___ **June 25-29**

___ **July 2-6**
___ **July 9-13**
___ **July 16-20**
___ **July 23-27**

___ **July 30-Aug. 3**
___ **Aug. 6-10**
___ **Aug. 13-17**
___ **Aug. 20-24**

Specialty Camps

___ **June 11-15:** Girls Basketball
___ **June 11-15:** Pirate Week
___ **June 18-22:** Home Economics
___ **June 18-22:** Boy's Basketball
___ **June 25-29:** Crafts
___ **June 25-29:** Junior Fishing
___ **July 2-6:** Archery
___ **July 2-6:** 1920's Week
___ **July 9-13:** Colonial Week
___ **July 9-13:** Senior Fishing
___ **July 16-20:** Vex Robotics
___ **July 16-20:** Golf

___ **July 23-27:** Civil War Week
___ **July 23-27:** Dance
___ **July 30-Aug. 3:** Jr. Science Camp
___ **July 30-Aug. 3:** Cupcake Creations
___ **Aug. 6-10:** Sr. Science Camp
___ **Aug. 6-10:** Bible Stories
___ **Aug. 13-17:** Bowling Camp
___ **Aug. 13-17:** German Camp
___ **Aug. 20-24:** Lego Camp
___ **Aug. 20-24:** Frisbee Golf

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

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

Signature of Parent or Guardian _____ Date _____

PHOTO RELEASE

_____ I give permission for photos of my child to be used by the school, for purposes to include but not limited to Constant Contact Emails and Newsletters, the school's website, social media, ads, flyers, brochures, videos and for other marketing purposes.

_____ I do not wish for photos of my child to be taken and used for any of the above purposes.

Signature of Parent or Guardian _____ Date _____

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 of regular camp and/or specialty camp.

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: _____

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*. 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 a medication form signed by a parent/ guardian or Doctor. (Forms are available at the office.)
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 _____