



# Summer Camp Application

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Please return this application by May 15<sup>th</sup> along with the \$50 non-refundable registration fee. The registration fee includes 3 Day Camp T-Shirts, Curriculum Book, and Supplies. Student slots will be secured when applications AND fees are submitted.

Child's First and Last Name \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade Entering in Fall \_\_\_\_\_

T-Shirt Size  XS (6-8)  S (10-12)  M (14-16)  L (18-20)  XL (22-24)

This year, ZBOP's summer camp will run for 10 weeks, beginning June 5<sup>th</sup> and ending August 11<sup>th</sup>. Students will review curriculum to prepare them for the upcoming school year. They will also participate in weekly field trips, music lessons, chess lessons, swim lessons, crafts, and indoor/outdoor play. Meals will be provided; no outside food will be allowed. Below are the summer camp fees. Calculate total summer camp fees in the space provided to the right.

Summer Camp (8:30 a.m. – 2:30 p.m.) = \$1,250 \$ \_\_\_\_\_

Before Care (6:00 a.m. – 8:30 a.m.) = \$200 + \$ \_\_\_\_\_

After Care (2:30 p.m. – 5:00 p.m.) = \$200 + \$ \_\_\_\_\_

Total Camp Fees: \$ \_\_\_\_\_

I understand that I am contracting to reserve a class slot, and fees are due **whether my child attends or not**. I understand that tuition credit will NOT be given for unscheduled absences, scheduled absences, vacation periods or holidays.

**Initials**

Choose the option below that applies to you:

- My tuition **IS NOT** state subsidized. I will pay half of total the camp fee by June 5<sup>th</sup> and the remaining balance by July 10<sup>th</sup>.
- My payment **IS** state subsidized. I will pay my co-payment amount the first business day of each month.
- My payment **WILL BE** state subsidized. I will pay camp tuition weekly until the state notifies me of my co-payment amount. I understand ZBOP will return my advance payments to me minus all co-payment obligations that are determined by the state.

Drop off time is: \_\_\_\_\_ and Pick up time is: \_\_\_\_\_.

I (We), the undersigned, have read and do agree to abide by the terms, conditions, and procedures outlined in the Zion Buds of Promise Christian Academy handbook.

\_\_\_\_\_  
Father or Guardian's Name (Printed)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
Mother or Guardian's Name (Printed)

\_\_\_\_\_  
(Signature)

**EMAIL ADDRESS(ES) FOR COMMUNICATION REGARDING THIS CHILD**

**PERSONS AUTHORIZED TO PICK UP THIS CHILD (INDICATE RELATIONSHIP)**

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

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

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

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

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

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

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

I authorize Zion Buds of Promise Christian Academy to provide first aid treatment to my child in the case of an accident. I additionally authorize Zion Buds of Promise Christian Academy, in my absence, to call emergency city services (911), and have my child transported to the most appropriate medical facility, as well as consent for medical treatment of my child at said facility. A staff person for the Zion Buds of Promise Christian Academy will accompany my child should he/she be transported to a medical facility. Zion Buds of Promise Christian Academy will notify parents/guardian immediately. As a parent/guardian, I will notify Zion Buds of Promise Christian Academy in writing of any changes in my address, employer, workdays and hours and respective phone numbers. I will also notify Zion Buds of Promise Christian Academy of any other changes in my child's student information.

I have received a copy of the Zion Buds of Promise Christian Academy Parent Handbook, Fundraiser Schedule and Guidance & Discipline Policy. I understand that Zion Buds of Promise Christian Academy is a religious based program, that religious instruction is a part of the curriculum and that all subject matter will be presented from a Christian perspective. I give consent for my child to go on walking trips through the neighborhood. I give consent for the program to photograph, videotape or film my child for promotional or security purposes. I give consent for my child to participate in prayer and in the religious instruction that is a part of Zion Buds of Promise Christian Academy's childcare program.

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

If the child has any of the following, please explain:

Medical problems \_\_\_\_\_

\_\_\_\_\_

Physical handicaps \_\_\_\_\_

\_\_\_\_\_

Restrictions for play – outdoors \_\_\_\_\_

\_\_\_\_\_

Restrictions for play – indoors \_\_\_\_\_

\_\_\_\_\_

Allergies \_\_\_\_\_

\_\_\_\_\_

Food likes \_\_\_\_\_

\_\_\_\_\_

Food dislikes \_\_\_\_\_

\_\_\_\_\_

Fears \_\_\_\_\_

\_\_\_\_\_

Other information that will help in caring for the child \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ALL INFORMATION SHALL BE REGARDED AND HANDLED CONFIDENTIALLY**