




# Calvary Christian Academy's EAGLE'S NEST SUMMER CAMP PROGRAM

## 2011 REGISTRATION FORM

Mrs. Denise Gibson, Summer Camp Program Director  
2311 Tower Place • Hampton, Virginia 23666 • 757.325.4CCA [4222] • FAX (757) 825-8771  
baas@calvarycommunity.org • cca.calvarycommunity.org •  facebook.com/CCAEagles

### STUDENT INFORMATION

Child 1 Name: \_\_\_\_\_ Sex: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade completed: \_\_\_\_\_  
Last Name First M. I. mm|dd|yy

Child's t-shirt size: (circle one) YS YM YL YXL S M L XL XXL

Child 2 Name: \_\_\_\_\_ Sex: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade completed: \_\_\_\_\_  
Last Name First M. I. mm|dd|yy

Child's t-shirt size: (circle one) YS YM YL YXL S M L XL XXL

Child 3 Name: \_\_\_\_\_ Sex: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade completed: \_\_\_\_\_  
Last Name First M. I. mm|dd|yy

Child's t-shirt size: (circle one) YS YM YL YXL S M L XL XXL

Home Address: \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Street City State Zip Area Phone

### Father/Guardian Information:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ | \_\_\_\_ | \_\_\_\_

Employer: \_\_\_\_\_ SSN: \_\_\_\_\_ Lives with Student: \_\_\_ Yes \_\_\_ No

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell/Pager: \_\_\_\_\_

Email: \_\_\_\_\_

### Mother/Guardian Information:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ | \_\_\_\_ | \_\_\_\_

Employer: \_\_\_\_\_ SSN: \_\_\_\_\_ Lives with Student: \_\_\_ Yes \_\_\_ No

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell/Pager: \_\_\_\_\_

Email: \_\_\_\_\_

**Please list three responsible relatives or individuals who may be contacted in an emergency and are authorized to pick up your child.**

Name	Phone Number	Relationship
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

## TRANSPORTATION INFORMATION

Please list all persons authorized to pick-up your child:

Name	Phone Number	Relationship
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

## CHILD'S HEALTH AND SOCIAL INFORMATION

Please provide information relative to the general health of your child. Indicate the child's name if more than one child per family is enrolled.

1. **Is your child on a special or restricted diet? Does he/she have food allergies?** If yes, please explain.

Child 1  Yes  No Child 2  Yes  No Child 3  Yes  No

2. **Does your child currently take any medications that may alter his/her behavior (i.e. Albuterol, Ritalin, etc.)?** If yes, please explain. [Child must have a MAF on file.] Child 1  Yes  No Child 2  Yes  No Child 3  Yes  No

3. **Does your child have any physical limitations?** If yes, please explain.

Child 1  Yes  No Child 2  Yes  No Child 3  Yes  No

4. **Can your child effectively communicate his/her needs?** If no, please explain.

Child 1  Yes  No Child 2  Yes  No Child 3  Yes  No

5. **Has your child ever been in a childcare setting?** If yes, please explain.

Child 1  Yes  No Child 2  Yes  No Child 3  Yes  No

6. **Does your child have an existing condition of which we should be aware?** If yes, please explain.

Child 1  Yes  No Child 2  Yes  No Child 3  Yes  No

7. **Does your child have any problems at mealtime?** Child 1  Yes  No Child 2  Yes  No Child 3  Yes  No

8. **Is your child toilet trained?** Child 1  Yes  No Child 2  Yes  No Child 3  Yes  No

9. **Does your child use special equipment, such as a nebulizer, hearing aid, braces, etc.?**

Child 1  Yes  No Child 2  Yes  No Child 3  Yes  No

Physician: \_\_\_\_\_

Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_

Phone: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Health Insurance Carrier: \_\_\_\_\_

Policy # \_\_\_\_\_

Policy Holder: \_\_\_\_\_

Relationship: \_\_\_\_\_

## PARENTAL CONSENT FOR TREATMENT

*Do we have permission to provide medical services necessary for your child(ren) in case we are unable to contact you?*

Yes  No Please specify any exceptions? \_\_\_\_\_

The Parent/Guardian will be responsible for picking up an ill child immediately upon notification from the staff.

I, the undersigned, do hereby authorize that the certified medical center/hospital/emergency medical transport is given the authority to render necessary medical services to my child(ren) which results, directly or indirectly, from his/her participation in trips, programs or activities by CCA Summer Camp and I, the undersigned; also hereby agree to be responsible for such charges made by medical center/hospital, doctor, ambulance, etc., in providing such medical services as are referred to above. I understand that CCA Summer Camp does not assume any responsibility for any such charges and does not provide health or disability insurance for my child.

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

\_\_\_\_\_  
Date

## ASSUMPTION OF RESPONSIBILITY/FIELD TRIP PERMISSION FOR

[child 1] \_\_\_\_\_

[child 2] \_\_\_\_\_

[child 3] \_\_\_\_\_

I am aware of the general nature of the Field Trip program sponsored by the CCA Summer Camp. I understand this program may involve my child(ren) being transported to multiple locations within Hampton Roads. I agree to release and hold harmless the CCA Summer Camp, as well as, its employees/staff from any loss, damage, claim, demand, liability, or expense incurred as a result of any damage to property or person, that may arise from my child(ren)'s participation in CCA Summer Camp or from first aid, medical treatment or services rendered. I declare to the best of my knowledge and belief that my child (ren) is in sufficiently good health and physical condition to participate in the program.

My child(ren) has(have) my permission to participate with the CCA Summer Camp during the weeks of June 20 - August 12, 2011. This permission is granted with the understanding that normal precaution for the care and supervision of my child will be taken during all trips and activities. I release and forever discharge Calvary Christian Academy, Calvary Community Church or those supervising the trips from any liability for claim that may result from my child(ren)'s activities with CCA Summer Camp.

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

\_\_\_\_\_  
Date

# PAYMENT AGREEMENT

*I agree to pay my weekly payment in advance on Monday of each week. I understand that my full weekly payment is due regardless of the number of days my child(ren) attends CCA's Summer Camp. I understand that I will be charged a late fee for each late payment and I agree to pay that charge.*

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

\_\_\_\_\_  
Date

By signing below, I/we certify that the information submitted on this registration form is correct and accurate. Understanding all the enclosed information, I/we pledge to give my/our support and cooperation to CCA's Summer Camp and agree to comply with all policies of the program. I/We understand that CCA's Summer Camp has the right to deny enrollment if inaccurate information has been submitted.

\_\_\_\_\_  
Father/Legal Guardian's Signature

\_\_\_\_\_  
Mother/Legal Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

## FOR OFFICE USE ONLY

Registration Date: \_\_\_\_ | \_\_\_\_ | \_\_\_\_

Starting Date: \_\_\_\_ | \_\_\_\_ | \_\_\_\_

# of Children Attending Program: \_\_\_\_\_

Weekly Payment: \$ \_\_\_\_\_

Disc. Payment: \$ \_\_\_\_\_

Potty Trained [2P Student Only]:  Yes  No

Registration Fee Paid:  Yes  No

1<sup>st</sup> Week Paid:  Yes  No

2P Rate \_\_\_\_\_

T-shirt Distributed On: \_\_\_\_ | \_\_\_\_ | \_\_\_\_

# of T-shirts Distributed: \_\_\_\_\_