



Summer Camp 2021 Registration Form

Child's Full Name	Child's Date of Birth	Grade in Fall 2021	Date of Admission
		School Attending	Date of Withdrawal
Home Address			Home Phone
Mother's Name	Cell Phone	Father's Name	Cell Phone
	Email		Email
Give the name, address and phone number of person to call in case of an emergency if parents / guardian cannot be reached:			Relationship
I hereby authorize the childcare operation to allow my child to leave the childcare operation ONLY with the following persons. Please list name & telephone number for each. Children will only be released to a parent or a person designated by the parent/guardian after verification of ID.			
CHECK/CIRCLE ALL THAT APPLY:			
1. TRANSPORTATION: I hereby give / do not give consent for my child to be transported and supervised by the operation's employees: <input type="checkbox"/> for emergency care <input type="checkbox"/> on field trips <input type="checkbox"/> to and from home <input type="checkbox"/> to and from school		2. FIELD TRIPS: I hereby give / do not give my consent for my child to participate in Field Trips. Parent's Comments:	
3. WATER ACTIVITIES: I hereby give / do not give my consent for my child to participate in Water Activities: <input type="checkbox"/> sprinkler play <input type="checkbox"/> splashing/wading pools <input type="checkbox"/> swimming pools <input type="checkbox"/> water table play		4. RECEIPT OF WRITTEN OPERATIONAL POLICIES: <input type="checkbox"/> I acknowledge receipt of the facility's operational policies including those for discipline and guidance.	



AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:

If I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:

Name and Address of Physician: _____ Ph.#: _____

Name and Address of Emergency Medical Care Facility: _____ Ph.#: _____

I give consent for the facility to secure all necessary emergency medical care for my child.

Signature - Parent or Legal Guardian

List any **special problems/ special needs** that your child may have, such as allergies, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which caregiver's should be aware of:

Child daycare operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. If you believe that such an operation may be practicing discrimination in violation of Title III, you may call the ADA Information Line at (800) 514-0301 (voice) or (800)-514-0383 (TTY).

CHECK ALL THAT APPLY:

____ His / her immunization record and Vision/Hearing Screening records are on file at the school and all required immunizations and/or tuberculosis tests are current.

____ His/her immunization record and Vision/Hearing Screening records are not on file at the school, so I will provide a copy .

Signature - Parent or Legal Guardian

Date



Summer Camp Attendance Plan

To help us better provide a safe, fun and successful summer program for your child, please indicate the weeks that your child is planning to attend our summer camp.

Child's Name:	Summer Camp Start Date: June 1, 2021	Summer Camp End Date: August 13, 2021
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Registration/Supply Fees \$100/single; \$150/family

Tuition is due every Monday.

Full-Time (5 days/week) 10% discount for siblings \$150 per week OR \$575 per 4 weeks

- All payments must be made by debit or credit.
- Tuition is based on the whole week. NO partial week tuition.
- No makeup for absent days.

Week #	Dates	Place a check (✓) to attend	Additional Comments (if any)
1	June 1-4		
2	June 7-11		
3	June 14-18		
4	June 21-25		
5	July 28-2		
6	July 5-9		
7	July 12-16		
8	July 19-23		
9	July 26-30		
10	August 2-6		
10	August 9-13 (Final week of summer camp)		

For office use only
Registration/Supply Fee paid/date:

Silverlake Christian Academy
 1865 Cullen Blvd. Building #2
 Pearland, TX 77581
 346-570-2295
 info@slcacademy.net