



# CCA - SUMMER BREAK Day Camp

1143 E. Lebanon Rd., Dover, DE 19901 - 302-697-7860

June 14 – August 19, 2022 / 6:30 a.m. to 5:30 p.m. / Ages 3 to 13 years old

Child's Full Name: \_\_\_\_\_ Nickname \_\_\_\_\_

Age: \_\_\_\_\_ Grade Entering: \_\_\_\_\_ Did your child attend CCA Summer Break last year? Y / N

**T-shirt size:** Toddler: **2T 3T 4T** Youth: **S M L XL** Adult: **S M L XL 2XL 3XL**

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: M / F Child's School: \_\_\_\_\_

**Child's allergies:** \_\_\_\_\_ Epi-pen required? Y / N

Home Phone #: \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Parent/Guardian #1:** \_\_\_\_\_ Cell #: \_\_\_\_\_

Email: \_\_\_\_\_ Home #: \_\_\_\_\_

Business #: \_\_\_\_\_ Employer: \_\_\_\_\_

**Parent/Guardian #2:** \_\_\_\_\_ Cell #: \_\_\_\_\_

Email: \_\_\_\_\_ Home #: \_\_\_\_\_

Business #: \_\_\_\_\_ Employer: \_\_\_\_\_

List names and ages if you have other children attending CCA-SB: \_\_\_\_\_

If parents are divorced, with whom does the child primarily reside? \_\_\_\_\_

Are there custody issues about which we should be aware? **Y / N** (If yes, explain and provide documentation)

**Adults authorized to pick up this child:** Parent/Guardian #1 Y / N Parent/Guardian #2 Y / N

Adult #3 \_\_\_\_\_ Cell #: \_\_\_\_\_ Home #: \_\_\_\_\_

Adult #4 \_\_\_\_\_ Cell #: \_\_\_\_\_ Home #: \_\_\_\_\_

Adult #5 \_\_\_\_\_ Cell #: \_\_\_\_\_ Home #: \_\_\_\_\_

Adult #6 \_\_\_\_\_ Cell #: \_\_\_\_\_ Home #: \_\_\_\_\_

Explanation of custody issues (if needed):

\_\_\_\_\_  
\_\_\_\_\_

# CCA-SB ACADEMIC AND BEHAVIORAL

Has your child ever been given a psychological or learning disabilities test? \_\_\_\_\_ If yes, please explain:

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Does your child have ADD, ADHD, or any form of Autism? If so, please list here and provide the name of the medication they are using. If they are not using medication, please note this as well:

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Please provide any additional information about social or emotional challenges your child may be experiencing. Our experienced staff needs to know how to best care for your child and help them feel safe, secure, and valued.

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The summer break program is directed by the management and staff of Calvary Christian Academy. Therefore, the discipline plan of CCA is in effect through our summer program to provide consistency to our students. However, we do reserve the right to accelerate the process of dismissals if we find that the attendance of a student is creating an unsafe and inappropriate environment for our summer break attendees.

# CCA-SB PARENT/GUARDIAN SIGNED RELEASES

Child's Name: \_\_\_\_\_

**Please initial next to each release, then sign and date.**

\_\_\_\_\_ **Transportation Release:** CCA-SB has my permission to take my child on all pre-arranged field trips via school bus as indicated on the camp calendar and in the weekly camp newsletters.

\_\_\_\_\_ **Sunscreen Release:** I hereby give my permission for CCA-SB to apply sunscreen, which I provide, to my child.

\_\_\_\_\_ **Bug Spray Release:** I hereby give my permission for CCA-SB to apply bug spray, which I provide, to my child.

\_\_\_\_\_ **Payment Release:** I acknowledge that failure to pay my balance when due could result in cancellation of my child's registration and I will be responsible for the balance due should I not cancel at least two weeks in advance.

\_\_\_\_\_ **Potty Trained:** I acknowledge that my child is fully potty trained. All campers must be potty trained fully.

\_\_\_\_\_ **Water Play Release:** I hereby give permission for my child to participate in non-swimming water events on campus.

\_\_\_\_\_ **Media Release:** I hereby give permission for the summer break staff to use pictures or videos of my child in media to promote the Summer Break program. *(Summer break staff may take pictures and place them on a private Facebook group just to let you see the fun things they are doing throughout the day. These pictures are private and will not be public and should not need a release.)*

## Swimming Release

**Your child must be enrolled in the Entering 2nd Grade class or older to participate in swimming field trips.**

\_\_\_\_\_ I hereby give permission for my child to go swimming and certify that my child knows how to swim **without a life vest.**

\_\_\_\_\_ I hereby give permission for my child to go swimming and certify that my child **needs a life vest for support.**

\_\_\_\_\_ If my child needs it, I hereby acknowledge that I will provide my child's life vest for BEACH field trips.

\_\_\_\_\_ I hereby **do not give permission** for my child to go swimming and my child will not attend camp on those days.

Signature: \_\_\_\_\_ Print: \_\_\_\_\_ Date: \_\_\_\_\_

# CCA-SB PERMISSION TO PROVIDE NECESSARY TREATMENT/EMERGENCY CARE

Please complete ALL SECTIONS then sign and date at the bottom of this page.

I hereby give permission to the medical personnel selected by the camp director to order X-rays, routine tests or treatment; to release any records necessary for insurance purposes and to provide or arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the child named in this application. This completed form will be photocopied for field trips. (initial here) \_\_\_\_\_

I give my permission for a staff person certified to administer medication, to administer Tylenol to my child as they feel necessary. I understand they will make an effort to contact me, within the day, to let me know my child has received the Tylenol. I also understand that the staff person administering the Tylenol will follow the recommended dosage as indicated on the medication. (initial here) \_\_\_\_\_

\_\_\_ Children's Strength Tylenol

\_\_\_ Junior Strength Tylenol

\_\_\_ Adult Regular Strength Tylenol

\_\_\_ Benadryl (Age Appropriate)

\_\_\_ Antibiotic Cream (Neosporin)

Comments:

If your child has any allergies, please list them here:

Do any of these allergies require an Epi-pen?

## Medications being taken (add additional pages for more medications if needed)

Please list ALL medications (including over-the-counter or nonprescription drugs) taken routinely by this child. Bring enough medication to last each session at camp. Keep it in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, dosage, and the frequency of administration. All medications also require a doctor's order in addition to the original prescription package.

\_\_\_ This child takes NO medications on a routine basis.

\_\_\_ This child takes routine medications or as needed allergy medications as follows:

Med #1: \_\_\_\_\_

Dosage:

Specific times taken each day: \_\_\_\_\_

Reason for taking:

Med #2: \_\_\_\_\_

Dosage:

Specific times taken each day: \_\_\_\_\_

Reason for taking:

## Communicable Disease

It is extremely important that camp be notified if this child is exposed to any communicable disease during the three weeks prior to camp attendance or at any time during the camp program. Examples: chicken pox, measles, mumps, ringworm.

I certify that my child is in good health and is amiable to normal discipline necessary for a successful group experience. This health history is correct to the best of my knowledge. The child herein described has my permission to engage in all prescribed camp activities, except as noted here.

**\*\*Per the State of DE regulations, a current copy of your child(ren)'s immunization records must be on file at CCA Summer Break.**

Signature: \_\_\_\_\_ Print: \_\_\_\_\_ Date: \_\_\_\_\_

# CCA-SB FINANCIAL STATEMENT AND PROPOSED ATTENDANCE

I, \_\_\_\_\_, agree to pay the amount due on Mondays according to my child's attendance at CCA-SB.

I understand that:

part-time is three days or less and full-time is four days or more.

I will not be responsible to pay for the weeks listed for vacation.

If my child does not attend for more than two consecutive weeks, other than vacation, I will lose my child's spot.

Please circle one: My child will be full-time or part-time

If part-time, please circle the days of the week your child will be attending. M T W Th F

Please indicate what time you will drop off and pick up your child daily:

Drop off: \_\_\_\_\_

Pick up: \_\_\_\_\_

List your vacation dates here:

\_\_\_\_\_  
\_\_\_\_\_

Under no circumstances will monies be reimbursed for days paid for but missed during a week.

I understand that there will be a \$35.00 fee for every returned check.

After two returned checks, future payments must be made in cash or by money order.

I also understand I will be charged a \$5.00 late fee for the first **5 minutes** I am late picking up my child after 5:30 p.m. A \$1.00 fee per minute will be added thereafter.

## Prices per week: (Rates increased due to the increase to minimum wage this year)

### FULL-TIME

1 child = \$155.00

\*2 children = \$260.00

\*3 children = \$355.00

\*4 children = \$410.00

### PART-TIME

\$45.00 per day per child

**\*Multi-child discounted rates are for sibling groups living in the same household.**

**In order to have your child registered as part of Summer Break, complete and submit the application and registration fee (\$90 for 1 child plus \$45 for each additional child). See the Welcome Letter for online payment information. Please submit a separate application for each child. Registration fees are non-refundable and include 1 camp T-shirt.**

**Please sign that you understand and accept these terms.**

Signature: \_\_\_\_\_ Print: \_\_\_\_\_ Date: \_\_\_\_\_