

Suncoast Christian Academy Summer Camp Registration—2018

Student Name:		
Address:		
City, State, Zip Code:		
Date of Birth:	Age:	Sex:
Ethnicity:		
Current School:	Last Grade Co	ompleted:
Has the child ever been disr	nissed/suspended from any se	chool?
	ion:	
Parent Info:		
Child lives with: Both Paren Other:	nts Mother Father	Guardian
Parent or Legal Guardian:		
Work Phone:		
Home Address:		
Home Phone:	Cell Phone:	
Email		
Parent or Legal Guardian:		
Place of Employment:		
Work Phone:		
Home Address:		
Home Phone:	Cell Phone:	
Email		
Important, everyone must	answer this question.	
from removing the student a	other Florida court order barn during the school day or comin No If Yes, provide school w	ng into contact with
Parents DO NOT have share school with copy of court or	ed parental responsibility rder.	If checked provide

Provide the name ('s) of per	rson ('s), other than the parent, allowed to	o pick up the student.
Name	Relationship to student	Phone Number
1		
2		
A	ACTIVITY/FIELD TRIP PERMISSION FOR	М
TRIPS/ACTIVITIES/ SPORTS Suncoast Christian Academ safe; however; Suncoast Ch stances beyond its control.	per	y Summer Camp program. ion to keep your child esponsibility for circum-
Signature of Parent/Guard	ian	_ Dutc
Parental Consent	for Release of Student Photograph and M	Media Information
graph, video image, writing participation and statistics received, in annual yearboo tions, web sites, etc and/or terviews, articles and photo	or the Suncoast Christian Academy (SCA) of the Suncoast Christian Academy (SCA) of the sunce of	ool name, description of orts, diplomas and awards laybills, school producapproved news media insignature, my child's name
Signature of Parent/Guardi	an	_ Date
Signature of Furcing Guardi	SWIMMING PERMISSION	
Merchild is a hearing		ad araduseus au
_	nnerintermediateadvance	za swimmer.
My child,is not a s	wimmer.	
I shall not hold the school,	n for my child to go swimming with SCA counselor, or director responsible in case ention would be given to all safety precau	e of accident, as I feel
		Date
Signature of Parent/Guardi	an	

Student Name:			
Please check the weeks your child will be attending camp:			
	Office Use Only: Payments Weekly Fee=		
June 5-8	1		
June 11-15	2		
June 18-22	3		
June 25-29	4		
July 2-6 (Closed July 4th)	5		
July 9-13	6		
July 16-20	7		
July 23-27	8		
July 30-Aug 3	9		
Covers field trips (Kindergarten & up)			
Payment is expected before the child's first day of each session. Full-time (5 days a week) \$120.00 Full-Time Per Week Part-time (3 days a week) \$80.00 Part-Time Per Week M T W Thu F \$10 Late Fee			
Registration Fee is: \$35.00 - New \$25 - Returning (includes 2 camp shirts)			
Shirt size Received Signature (Sign when you receive your shirts)			
Extra camp shirts- \$10.00 each			
Camp shirts required for all field trips!			
Financial information may be shared with?			
**A minimum of 3 days per week is required. We need to know which days your child will attend for our scheduling of activities and field trips.			