



Suncoast Christian Academy Summer Camp Registration—2021

Student Name: _____
Address: _____
City, State, Zip Code: _____
Date of Birth: _____ Age: _____ Sex: _____
Ethnicity: _____

Current School: _____ Last Grade Completed: _____
Has the child ever been dismissed/suspended from any school? _____

Allergies/ Medical Information: _____

Parent Info:
Child lives with : Both Parents _____ Mother _____ Father _____ Guardian _____
Other: _____

Parent or Legal Guardian: _____
Place of Employment: _____
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.

*Is there a visitation order or other Florida court order barring either parent from removing the student during the school day or coming into contact with the student? ___ Yes _____ No **If Yes, provide school with a copy of the Florida court order.***

Parents **DO NOT** have shared parental responsibility. _____ If checked provide school with copy of court order.

Provide the name ('s) of person ('s), other than the parent, allowed to pick up the student.

Name	Relationship to student	Phone Number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

ACTIVITY/FIELD TRIP PERMISSION FORM

I give my child, _____ permission to attend all FIELD TRIPS/ACTIVITIES/ SPORTS planned by Suncoast Christian Academy Summer Camp program. Suncoast Christian Academy, Inc. will take every reasonable precaution to keep your child safe; however; Suncoast Christian Academy does not assume legal responsibility for circumstances beyond its control.

Signature of Parent/Guardian

Date

Parental Consent for Release of Student Photograph and Media Information

I hereby give permission for the Suncoast Christian Academy (SCA) to use my child's photograph, video image, writing, voice recording, name, grade level, school name, description of participation and statistics in officially recognized activities and sports, diplomas and awards received, in annual yearbooks, newspapers, graduation programs, playbills, school productions, web sites, etc and/or similar school publications or in school approved news media interviews, articles and photographs. I understand that, without my signature, my child's name and photograph cannot and will not be included in any publications or presentations, including a school yearbook.

Signature of Parent/Guardian

Date

SWIMMING PERMISSION

My child, _____ *is a beginner* _____ *intermediate* _____ *advanced* swimmer.

My child, _____ *is not a swimmer*.

I hereby give my permission for my child to go swimming with SCA Summer camp program. I shall not hold the school, counselor, or director responsible in case of accident, as I feel assured that maximum attention would be given to all safety precautions.

Signature of Parent/Guardian

Date

Student Name:_____

Please check the weeks your child will be attending camp:

_____ June 21-25

_____ June 28-July 2

_____ July 5-9 (**Closed July 5th**)

_____ July 12-16

_____ July 19-23

_____ July 26-30

<u>Office Use Only:</u>	
<u>Payments</u>	
Weekly Fee=	_____
1.	_____
2.	_____
3.	_____
4.	_____
5.	_____
6.	_____

Covers field trips (Kindergarten & up)

Payment is expected before the child's first day of each session.

Full-time (5 days a week) \$130.00 Full-Time Per Week

Part-time (3 days a week) \$90.00 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.