

Summer Camp 2025 Registration

Child's Name _____

Mailing Address _____

City _____ State _____ Zip _____

Home Phone No. _____ Sex (M/F) _____

Date of Birth _____ Entering Grade _____

Current School _____

Student Lives With: _____ Both Parents _____ Mother _____ Father _____ Guardian

Parent/Guardian Information

Name _____ (Mother / Father / Guardian)

Place of Employment _____

Work Number _____ Cell Number _____

Email Address _____

Authorized to Pick Up [YES] [NO] Legal Guardian [YES] [NO]

Name _____ (Mother / Father / Guardian)

Place of Employment _____

Work Number _____ Cell Number _____

Email Address _____

Authorized to Pick Up [YES] [NO] Legal Guardian [YES] [NO]

Name of two persons to contact if parent(s) / guardian(s) cannot be reached: (must be local and within a 20 mile radius).

Emergency Contact Name _____

Address _____ Phone No. _____

Emergency Contact Name _____

Address _____ Phone No. _____

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Health Concerns

Any known Medical Diagnosis [YES] [NO]

Asthma [YES] [NO]

Eating Concerns [YES] [NO]

Emotional Concerns [YES] [NO]

Discipline Concerns [YES] [NO]

Physical Concerns [YES] [NO]

Hearing [YES] [NO]

Physical Restrictions [YES] [NO]

Hyperactivity [YES] [NO]

Visual [YES] [NO]

Medications _____

Chronic Illnesses [YES] [NO] _____

Allergies [YES] [NO] _____

Substances? [YES] [NO] _____

Child's Physician _____ Phone No. _____

Behavior Concerns

Any known Medical Diagnosis [YES] [NO]

Does your child experience any developmental, academic or behavior problems while in school with peers or teachers? [YES] [NO]

If yes, please explain: _____

Describe any behaviors your child has demonstrated that cause for concern:

Photography Release

Does Young Achievers Summer Camp have permission to take photos of your child during activities? [YES] [NO] Only for Craft Projects: _____

Parent Signature _____ Date _____

Please list your reason(s) for wanting your child to attend Young Achievers Summer Camp Program:

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Agreement I: I (Parent or Guardian) agree to support Young Achievers Christian Academy Summer Camp Program's rules and procedures as to ensure the health and safety of my child and other children participating in the program. Initials _____

Agreement II: I (Parent or Guardian) certify: (1) That I agree to assume all risks in connection with my child's participation in Young Achievers Summer Camp program and do hereby release Young Achievers Christian Academy, their employees, representatives, and volunteers from all liability and (2) that I (Parent or Guardian) bear the responsibility for carrying the appropriate medical and hospitalization insurance on the above-named child. Initials _____

Agreement III: In case of emergency, Young Achievers Summer Camp has my (parent or guardian) permission to contact a physician. The staff is authorized to administer first aid or emergency care or take my child to the emergency room of the nearest hospital and its medical staff has my permission to provide treatment that a physician deems necessary for the well-being of my child. Additionally, I will provide written permission for any medication that must be distributed to my child by the Program Staff. I (parent or guardian) understand medication will only be administered from an official pharmacy container with the child's name, dosage and doctor listed on the container. Initials _____

Agreement IV: Young Achievers Summer Camp Program will notify me (parent or guardian) should my child become ill or uncontrollable and I will be responsible for picking up my child immediately upon notification. Initials _____

Agreement V: I (Parent or Guardian) give permission for my child to attend any field trips while in the Young Achievers Summer Camp program. I (parent or guardian) authorize the use of insect repellent when needed. Initials _____

Agreement VI: I (Parent or Guardian) give my child permission to participate in swimming/water activities conducted on field trips. I (parent or guardian) authorize the use of sunscreen when needed. Initials _____

Agreement VII: Before admission to Young Achievers Summer Camp program, I (parent or guardian) will provide written proof of a physician's examination of my child by a physician licensed to practice medicine, most recent report card, and swim permission form. Initials _____

Agreement VIII: I (Parent or Guardian) agree to inform the Young Achievers Summer Camp program within 24 hours or the next business day after my child or any member of the immediate household has developed any reportable communicable disease, as defined by the Board of Health, except for life threatening diseases that must be reported immediately. Initials _____

Agreement IX: I (Parent or Guardian) agree to pay camp fees on time; first day of each camp session. These fees do include any morning care and aftercare services that I (parent or guardian signs my camper for. Initials _____

Agreement X: I (Parent or Guardian) agree to provide a sack lunch for my camper every Friday unless otherwise noted by camp administration. Initials _____

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Camp Fees

Please check camp sessions and service(s) your camper will utilize:

Camp Registration: \$150 [includes t-shirt, camp supplies, books)

Camp Monthly Sessions: \$425

Additional Care (monthly)

Morning care \$100 (\$25 / week)

Aftercare \$100 (\$25 / week)

Service Selection

Camp Registration: _____

Session One: June 2-30, 2025 _____

Morning Care: 6:30 a.m.-8:00 a.m. _____

Aftercare: 3:00 p.m. -5:30 p.m. _____

Session Two: July 1- July 18, 2025 _____

Morning Care: 6:30 a.m.-8:00 a.m. _____

Aftercare: 3:00 p.m. -5:30 p.m. _____

Campers' T Shirt Size

[Child's Small] [Child's Medium] [Child's Large] [Child's XL]

[Adult Small] [Adult Medium] [Adult Large] [Adult XL] [Adult XXL] [Adult 3XL]