

**SUMMER CAMP
REGISTRATION PACKET**

2018

CAMP SUMMIT

**TRAINING CAMPERS TO IMPACT
THE WORLD AROUND THEM**



Program offered through
SUMMIT CHRISTIAN ACADEMY

2121 Cypress Creek Rd
Cedar Park, TX 78613
(512) 250-1369
www.summiteagles.org

CAMP SUMMIT REGISTRATION FORM

Camper's Name				M / F	
Address		City		Zip	
Grade Entering	Age		T-shirt Size YXS YS YM YL AS AM		
How did you hear about us?					
PARENT/ GUARDIAN INFORMATION					
Name			Name		
Phone			Phone		
Email			Email		
Emergency Contact			Phone		
CHECK BOX NEXT TO CAMP SELECTIONS					
WEEK 1: MAY 29-JUNE 1 "ON THE FARM"			WEEK 6: JULY 2-6 "GOD BLESS AMERICA"		
EAGLETS (PK & KINDER ONLY)	\$150		EAGLETS (PK & KINDER ONLY)	\$150	
ART: SCULPTURE	\$165		ARCHERY	\$165	
MAZE CRAZE	\$165		MAKING & BAKING	\$165	
*EXTENDED HOURS	\$20		*EXTENDED HOURS	\$20	
WEEK 2: JUNE 4-8 "CAMP OUT"			WEEK 7: JULY 9-13 "ARTFUL ANTICS"		
EAGLETS (PK & KINDER ONLY)	\$180		EAGLETS (PK & KINDER ONLY)	\$180	
MAKING & BAKING	\$195		ART: DRAWING & PAINTING	\$195	
ROBOTICS (AGES 8 & UP)	\$195		NERF WARS	\$195	
KARATE	\$195		ROCKETRY (AGES 8 & UP)	\$195	
*EXTENDED HOURS	\$20		*EXTENDED HOURS	\$20	
WEEK 3: JUNE 11-15 "SAFARI ADVENTURE"			WEEK 8: JULY 16-20 "EXPLORATION AWAITS"		
EAGLETS (PK & KINDER ONLY)	\$180		EAGLETS (PK & KINDER ONLY)	\$180	
ARCHERY	\$195		MAZE CRAZE	\$195	
JEWELRY MAKING	\$195		NEEDLEPOINT	\$195	
NERF WARS	\$195		ROBOTICS (AGES 8 & UP)	\$195	
*EXTENDED HOURS	\$20		*EXTENDED HOURS	\$20	
WEEK 4: JUNE 18-22 "AROUND THE WORLD"			WEEK 9: JULY 23-27 "WILD, WILD WEST"		
EAGLETS (PK & KINDER ONLY)	\$190		EAGLETS (PK & KINDER ONLY)	\$190	
ART: MIXED MEDIA	\$205		CHEER	\$205	
KARATE	\$205		CAKE DECORATING	\$205	
ROCKETRY (AGES 8 & UP)	\$205		ARCHERY	\$205	
*EXTENDED HOURS	\$20		*EXTENDED HOURS	\$20	
WEEK 5: JUNE 25-29 "UNDER THE BIG TOP"			WEEK 10: JULY 30-AUG 3 "HAWAIIAN HULLABALOO"		
EAGLETS (PK & KINDER ONLY)	\$180		EAGLETS (PK & KINDER ONLY)	\$180	
CAKE DECORATING	\$195		MAKING & BAKING	\$195	
MAZE CRAZE	\$195		BOX CAR CONSTRUCTION	\$195	
ROBOTICS (AGES 8 & UP)	\$195		ROBOTICS (AGES 8 & UP)	\$195	
*EXTENDED HOURS	\$20		*EXTENDED HOURS	\$20	

All camp specials have a limited number of spots available. Campers will be accepted on a first come first serve basis. If a special you have chosen has filled up, you will be promptly notified.

* Extended hours is a once a week fee for families who need to utilize the early drop off and/or late pick up times.

CAMP SUMMIT

Camper Registration Form Continued

Registration Fee (1 per camper) Includes camp t-shirt (while supplies last—late registrations will not be guaranteed a shirt)	\$35.00
Non-Refundable Deposit (will be applied towards tuition) \$15 x _____ # weeks	
TOTAL DUE NOW	

Is there anything specific (limitations, special needs, etc) we should know about your child?

CAMP WAIVERS

Transportation Waiver (required): I hereby give permission for my child to ride to and from the pool and the designated field trip destinations in the camp bus or van.

Signature_____ Date_____

Swimming Waiver (optional): With the understanding that a certified lifeguard as well as my child's camp counselors will be present and watching my child during swim time, I give permission for my child to participate in the weekly swim time.

Signature_____ Date_____

Photo Release Waiver (optional): I hereby give permission for Summit Christian Academy to use any photos taken for marketing purposes.

Signature_____ Date_____

CAMP SUMMIT

Camper Health History Form

Camper's Name _____

INSURANCE INFORMATION

Name of Insurance Company _____ Group # _____

Name of Insured _____ ID # _____

Primary Physician _____ Physician's Phone # _____

Hospital of Choice _____

Does your child have any MEDICAL CONDITIONS that we should be aware of? Y / N

If so, please explain _____

ALLERGY INFORMATION

Medication Allergies _____

Food Allergies _____

Other Allergies _____

MEDICATION INFORMATION

Summit prefers that all medications be administered at home before and/or after camp. However, if medications are required, please send enough to last the entire session. Medications MUST be in the original packaging.

Please list any medications camper will be taking while at camp.

Medication #1 _____ Dosage _____ Time of Day _____

Medication #2 _____ Dosage _____ Time of Day _____

This health history form is accurate to the best of my knowledge. I hereby give Camp Summit permission to provide routine first aid, administer above listed medications, and seek emergency medical care as needed.

Signature of Parent or Guardian _____

Printed Name _____ Date _____

CAMP SUMMIT

PAYMENT AUTHORIZATION

Fill out EITHER the credit card authorization OR the electronic funds transfer authorization.

CREDIT CARD PAYMENT AUTHORIZATION

I authorize Summit Christian Academy to bill my MasterCard/Visa account for the required fees, according to the payment schedule below.

Type of Card: MasterCard/Visa

Card Number _____ Exp. Date _____

Name as Printed on Card _____

Billing Address _____

City _____ Zip _____

Signature _____ Date _____

OR

ELECTRONIC FUNDS TRANSFER AUTHORIZATION

I authorize Summit Christian Academy to deduct from my bank account the required fees, according to the payment schedule below.

Type of Account: Checking/Savings

Nine-Digit Routing Number _____ Account Number _____

Financial Institution's Name _____

Address _____

City _____ Zip _____

Signature _____ Date _____

PAYMENT SCHEDULE

Payments will be automatically drafted as follows.

WEEKS 1 & 2	WEEKS 3 & 4	WEEKS 5 & 6	WEEKS 7 & 8	WEEKS 9 & 10
Thursday	Thursday	Thursday	Thursday	Thursday
May 24th	June 7th	June 21st	July 5th	July 19th

EQUIPPING, ENRICHING, AND EMPOWERING

Galatians 5:22-23

But the Holy Spirit produces this kind of fruit in our lives; love, joy, peace, patience, kindness, goodness, faithfulness, gentleness, and self-control.

There is no law against these things!

