



**AT**

**237 N Main St  
Suffolk, VA**

**Hours of Operation:  
7AM-6PM**

**Truth Seekers**

**June 3rd - August 9th**

## Registration Fee

**New and Returning SCA Students: \$60.00 per student/per year**

Payment Method: \_\_\_\_\_ Date: \_\_\_\_\_

# Student Registration

<b>STUDENT NAME:</b>	<b>Rising Grade Level</b>	<b>Nickname</b>	<b>Sex</b>
<b>Address</b>			
<b>Pertinent Medical Information:</b>		<b>Home Phone:</b>	
<b>Parent(s) Email Address:</b> #1: _____ #2: _____		<b>Date of Birth:</b> _____	

# Parent/Guardian Information

<b>Father Name</b>	<b>Place Employed</b>	<b>Work Phone:</b>
<b>Home Address</b>		<b>Cell Phone:</b>
<b>Mother Name</b>	<b>Place Employed</b>	<b>Work Phone:</b>
<b>Home Address (If different than above)</b>		<b>Cell Phone:</b>
<b>Legal Guardian (If different than above)</b>		

# Student Pickup List

<b>Authorized Person(s) to Pick Up Child:</b> 3.	1. 4.	2. 5.
<b>NOT Authorized Person(s) to Pick Up Child*:</b> 3.	1. 4.	2. 5.

**\*\* Appropriate paperwork such as custody papers shall be attached if a parent is NOT allowed to pick up child.**

## Summer Camp Program

June 3 - August 9, 2024

# Family Medical Consent Information

To Whom It May Concern:

I, \_\_\_\_\_, parent or legal guardian of  
 child's name 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Do hereby give my consent to any hospital, paramedic, etc to administer the necessary treatment to my child in the event of an accident or serious illness. In addition, I give consent to the staff of Suffolk Christian Academy to transport my child by ambulance at my expense, if the situation warrants it. I also agree to inform the center within 24 hours or the next business day after my child or immediate family member of the household develops any reportable communicable diseases, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately. I will arrange to have my child picked up as soon as possible if requested by the center due to illness.

\_\_\_\_\_  
 Signature of Parent/Guardian

\_\_\_\_\_  
 Date of Signature

**\*\* If there is any objection to seeking emergency medical care, a statement should be obtained from the parent/guardian that states the objection and the reason for the objection.**

# Emergency Information

Allergies or Intolerance to Food: _____ _____ _____		Medicines Regularly Taken: _____ _____
Child's Physician: _____ _____		Physician's Phone: _____ _____
Insurance Company: _____	Policy Number: _____	
Two People to Contact if Parents <b>CANNOT</b> Be Reached (local)	Address: _____ _____ _____	Cell Phone/Relationship to Child: _____ _____ _____
	1. _____ _____	
2. _____ _____	Address: _____ _____ _____	Cell Phone/Relationship to Child: _____ _____ _____

A student's prescription and/or over the counter medication must be submitted to the school office in the original packaging by the parent or legal guardian. A signed medication form from the parent indicating specific instructions for the dosage and the time the medicine is to be administered. A signed note from the student's doctor is required before any prescription medication may be administered. Student must not have medication in their possession at any time.

Please refer to school handbook regarding administration of medication.

## Summer Camp Program

June 3 - August 9, 2024

# Financial Agreement

Understanding that Suffolk Christian Academy - Summer Camp Program must meet its financial obligations on time, we agree to the following policies: Yearly Registration fees are per student, non-refundable and due upon enrollment.

1. Weekly tuition is due no later than Monday of each week attending. If any payments are late within the month, a \$20 late fee will be applied. Students whose tuition is unpaid will not be permitted to attend camp until their tuition is in paid in full.
2. If you do not have a FACTS account set up yet, a \$25 incidental fee will be applied to your first week of tuition. All families **MUST** have a FACTS account.
3. In the event of a default of payment, the account will be forwarded to the school's collection agency. The patron will be responsible for all fees incurred at that time. I understand the center reserves the right to dismiss my child from the program until payment is received.
4. To reduce the number of weeks registered for, or to withdraw from the program, written notification must be given to the business office **2 weeks prior** to the change or the last day of attendance. If not, the original weeks registered for, or two weeks' tuition in the event of withdrawal, will be charged to your account.
5. Returned checks will be assessed a \$50.00 service fee.
6. There is no reduction in cost due to school closings, unplanned vacations or illness. Also, there is no reduction in cost due to inclement weather. Summer Camp tuition rates were established considering all of these factors.
7. In the event of picking up a child, after closing hours, a \$5.00 late fee will be charged for every 5 minutes past closing hours until the child is picked up. (For example, if your student is picked up at 6:07pm, you would be charged \$10.00)
8. Summer Camp Weekly Tuition **DOES NOT** include field trips.
9. Summer Camp Weekly Tuition **DOES** include Monday lunch.

### Summer Tuition Plans

<b>3 Days/Week: \$130</b>	<b>5 Days/Week: \$185</b>
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**Family Discount: Full Tuition for 1st student, \$10 off second student & half off 3rd and additional students in the same family.**

STUDENT'S NAME: \_\_\_\_\_ PLAN: \_\_\_\_\_

**\*\* Please sign below stating you have received and understand all policies set forth in the Suffolk Christian Academy Summer Camp Program Packet and above Financial Agreement.**

\_\_\_\_\_  
Signature and Driver's License # Father/Guardian  
Date: \_\_\_\_\_

\_\_\_\_\_  
Signature and Driver's License # Mother/Guardian  
Date: \_\_\_\_\_

# Calendar Information:

Using the calendar, please mark with an X on the calendar for every day your child will be attending camp, including field trip days. We are able to help you make adjustments to the calendar as your needs change throughout the summer. We simply ask for 2 weeks' notice for cancellations.

Week	Monday (lunch included)	Tuesday	Wednesday	Thursday	Friday
June 3rd – 7th Treasure Hunt					
June 10th – 14th Space Week					YMCA Swim
June 17th – 21st Dinosaur Week			Closed		YMCA Swim
June 24th – 28th Animal Safari			Field Trip Zoo		
July 1st – 5th Independence Week				Closed	Closed
July 8th – 12th Under the Sea			Field Trip Aquarium		
July 15th – 19th Carnival Week					YMCA Swim
July 22nd – 26th Lego Week					
July 29th – August 2nd Around the World			Field Trip Childrens Museum		YMCA Swim
August 5th – 9th Camping Week					

## Lunch Calendar: Every Monday

This is **INCLUDED** in the cost of your weekly tuition!  
For planning purposes, please let a leader know if your child will not be eating the provided lunch on Mondays. Thanks!

Chicken Nuggets, Fies, Fruit, and Milk	Tacos with Rice and Corn, Fruit, and Milk	Pizza, Veggies or Fruit, and Milk	Chicken Sandwich, Chips, Fruit, and Milk
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Lunch will be on a rotating menu throughout our ten weeks of camp.

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## Field Trip Information:

1. The field trips will be charged individually and the pricing will also be communicated as the information is provided from the organizations.
2. On days when there is a field trip, students must either attend the field trip or not attend summer camp. We will not have additional care available for students not attending the field trip.
3. Field trips **MUST** be paid in full before the day of the field trip.

# Summer Camp T-shirt Order Form



**T-shirt Cost: \$25.00 + tax = \$26.50**

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**Student Name:** \_\_\_\_\_

**Quantity:**

	XS	S	M	L	XL	2XL	3XL
Youth						N/A	N/A
Adult							