

Passport to Fun



June 1st - August 7th

Location: Lower School Campus

116 Romans Road

Hours of Operation: 7AM-6PM

Summer Camp Registration

Registration Fee

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

Payment Method: _____ Date: _____

Student Registration

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

Parent/Guardian Information

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

Student Pickup List

Authorized Person(s) to Pick Up Child: 3.	1. 4.	2. 5.
NOT Authorized Person(s) to Pick Up Child*: 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 1 - August 7, 2026

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 CANNOT 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

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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. 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.
6. 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)
7. Summer Camp Weekly Tuition **DOES NOT** include field trips.

Summer Tuition Plans

3 Days/Week: \$145	5 Days/Week: \$200
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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

Signature and Driver's License # Mother/Guardian

Date: _____

Date: _____

Calendar Information:

Using the calendar, **PLEASE MARK WITH AN X ON THE CALENDAR FOR EVERYDAY 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	Tuesday	Wednesday	Thursday	Friday
June 1st - 5th Camp Take Off					
June 8th - 12th Into the Jungle			FT: 1st - 5th		
June 15th - 19th Snow Escape			FT: PreK & K5		Closed
June 22nd - 26th On the Sunny Side			FT: 1st - 5th		
June 29th - July 3rd Our Homeland					Closed
July 6th - 10th Ocean Odyssey			FT: K5 - 5 th		
July 13th - 17th Lost World Expedition			FT: ALL		
July 20th - 24th Out Of This World		FT: 1st - 5th	AD: PreK & K5		
July 27th - 31st Mountain Trek			FT: ALL		
August 3 rd - 7 th Returning Travelers			CAMP PARTY		

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.
4. Camper/Parent Information about the exact field trip will be communicated by director each week prior to the trip.

To Sign Up your child(ren) for the Field Trip or Activity Days please write the child(ren)'s name in the 3rd box.

If your child(ren) will not be attending, they will be unable to attend camp that day.

PreK

Date	Field Trip/Activity Day	Child's Name
Week 3 - June 17th	Bergey's Barnyard Petting Zoo	
Week 7 - July 15th	Movie Theater - Toy Story 5	
Week 8 - July 22nd	Campus Water Park & Lunch	
Week 9 - July 29 th	Children's Museum	

Kindergarten

Date	Field Trip/Activity Day	Child's Name
Week 3 - June 17th	Bergey's Barnyard Petting Zoo	
Week 6 - July 8th	VA Beach Aquarium	
Week 7 - July 15th	Movie Theater - Toy Story 5	
Week 8 - July 22nd	Campus Water Park & Lunch	
Week 9 - July 29 th	Children's Museum	

To Sign Up your child(ren) for the Field Trip or Activity Days please write the child(ren)'s name in the 3rd box.

If your child(ren) will not be attending, they will be unable to attend camp that day.

1st - 5th Graders

Date	Field Trip/Activity Day	Child(ren)'s Name
Week 2 - June 10th	Norfolk Zoo	
Week 4 - June 24th	Golden Luxe Skating Rink	
Week 6 - July 8th	VA Beach Aquarium	
Week 7 - July 15th	Movie Theater - Toy Story 5	
Week 8 - July 21st	Chrysler Museum	
Week 9 - July 29 th	Children's Museum	

Field Trip Permission & Agreement:

I agree to hold Suffolk Christian Academy and any chaperones harmless for any accident or injury to my child while attending any field trip with the Summer Camp Program. I give permission for teachers and chaperones to render medical aid or seek professional medical assistance for my child in the event of an emergency. By signing below, I grant permission for my child(ren) to attend the field trip(s) for which they are registered. I understand that field trips are optional activities and that any associated fees are separate from and in addition to the regular weekly summer camp tuition

Parent/Guardian Signature: _____

Date: _____

Summer Camp T-shirt Order Form



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

Student(s) Name: _____

Quantity:

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