

# CAPE CHRISTIAN ACADEMY 2019 SUMMER CAMP

STUDENT'S LAST NAME  
(PRINT)

FAMILY'S LAST NAME  
(IF DIFFERENT)

OFFICE USE ONLY	Amt.	CHK. #	DATE	Init.
Registration fee				
June				
July				
August				

**A. Family Information**

Home Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_

Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Email \_\_\_\_\_

Father's Name \_\_\_\_\_

Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Email \_\_\_\_\_

**Mailing address:**

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Township \_\_\_\_\_

**Custody:**

Both parents \_\_\_\_\_ Mother only \_\_\_\_\_ Father only \_\_\_\_\_

Legal Guardian(s) \_\_\_\_\_ Grandparent(s) \_\_\_\_\_

Legal documents may be required.

**Marital status**

Married \_\_\_\_\_ Widowed \_\_\_\_\_ Single \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_

Last School Attended \_\_\_\_\_

**Please list children that you are registering:**

NAME	NICKNAME	GRADE	M/F	DOB
1. _____	_____	_____	M/F	/ /
2. _____	_____	_____	M/F	/ /
3. _____	_____	_____	M/F	/ /
4. _____	_____	_____	M/F	/ /

**Emergency Contact Information**

CONTACT MUST BE SOMEONE OTHER THAN PARENT

Print Name \_\_\_\_\_

Relationship to child \_\_\_\_\_

Cell # \_\_\_\_\_ Home # \_\_\_\_\_

**Medical Information**

Physician's Name \_\_\_\_\_

Office Phone # \_\_\_\_\_

Restrictions \_\_\_\_\_

Allergies \_\_\_\_\_

Insurance Information \_\_\_\_\_

**Has/have permission to pick up my child(ren)**

1. \_\_\_\_\_

Contact # \_\_\_\_\_

2. \_\_\_\_\_

Contact# \_\_\_\_\_

3. \_\_\_\_\_

Contact # \_\_\_\_\_

Parent signature \_\_\_\_\_

**OFFICE USE ONLY:**

- |                                     |                      |
|-------------------------------------|----------------------|
| ____ Registration form              | ____ Photo release   |
| ____ Birth Certificate              | ____ Signed Contract |
| ____ Health & Immunization records  |                      |
| ____ Permission transportation form |                      |



# Cape Christian Academy

10 Oyster Road, Cape May Court House, NJ 08210

Office: (609) 465-4132 • Fax: (609) 465-0170

Web: [www.CapeChristianAcademy.com](http://www.CapeChristianAcademy.com) • [Info@CapeChristianAcademy.com](mailto:Info@CapeChristianAcademy.com)

“Learning in the Light of Christ”

Dear Parents,

Thank you for your interest in Cape Christian Academy’s Summer Camp. Children ages 3 (must be fully potty trained) through 10 years are eligible to attend. Space is limited. Full time spaces will be filled first. Registrations are on a first come, first served basis. Registrations with fees are due no later than Friday, June 14<sup>th</sup>. Camp runs from June 17, 2019 until August 27, 2019 (10 weeks).

Your camp registration is not complete until:

1. Completed Camp Registration form
2. \$60.00 Registration Fee per child (non-refundable)
3. The first week's tuition of \$170
4. An updated copy of your child's immunization record
5. A copy of the Birth Certificate (unless they attended CCA or Camp during 2018)
6. Completed Health/ Medical Release form for all campers
7. A signed Photo/Video release form
8. Signed acknowledgement of receiving the Parent Handbook
9. Camp Policies

Please make checks payable to Cape Christian Academy (CCA). Tuition is due by Friday for the upcoming week. If accounts are not current on Friday, a \$10 late fee will be charged. Past due accounts will result in your children not being able to return until your account is current.

I agree to pay \$170.00 per week.

Parent/Guardian signature: \_\_\_\_\_

Will you be receiving State Subsidy? Yes \_\_\_\_\_ No \_\_\_\_\_

Drop Off Time \_\_\_\_\_ Pick Up Time \_\_\_\_\_

Camper’s name(s) \_\_\_\_\_

Date Submitted Complete Registration Packet: \_\_\_\_\_



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## CAMP HEALTH UPDATE AND MEDICAL RELEASE FORM 2019

Camper's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian Name and Phone #: \_\_\_\_\_

Emergency Contact Name and Phone #: \_\_\_\_\_

Physician's Name and Phone #: \_\_\_\_\_

Date of most recent tetanus shot: \_\_\_\_\_

Allergies to a specific drug, food, animal, seasonal, etc: \_\_\_\_\_

Reaction: \_\_\_\_\_ Treatment: \_\_\_\_\_

Asthma: Yes \_\_\_\_\_ No \_\_\_\_\_ Inhaler or nebulizer at school: Yes \_\_\_\_\_ No: \_\_\_\_\_

Diabetes: Yes \_\_\_\_\_ No \_\_\_\_\_ Insulin required: Yes \_\_\_\_\_ No \_\_\_\_\_

Hyperactivity, ADHD: \_\_\_\_\_

Seizure disorder: Yes \_\_\_\_\_ No \_\_\_\_\_ Action usually taken: \_\_\_\_\_

Hearing problems: Yes \_\_\_\_\_ No \_\_\_\_\_ Explain if yes: \_\_\_\_\_

Vision problems: Yes \_\_\_\_\_ No \_\_\_\_\_ Glasses: Yes \_\_\_\_\_ No \_\_\_\_\_

Any medication taken daily and why: \_\_\_\_\_

Medical insurance company: \_\_\_\_\_ Policy#: \_\_\_\_\_

Name of insured: \_\_\_\_\_ Relation to student: \_\_\_\_\_

I give my permission for my child to participate in the CCA summer camp. In the event of an emergency situation, I understand that a school representative will attempt to reach me and the other contacts listed. While I expect CCA to continue to try to reach me until successful, I give my permission for emergency transport, testing and treatment to be given at a hospital or other emergency facility. I will not hold CCA responsible for any problems resulting from this evaluation and treatment.

Signature of parent or guardian: \_\_\_\_\_ Date : \_\_\_\_\_



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## Photo/Video Release Form

I grant permission to Cape Christian Academy’s Summer Camp and its development department to use photographs and video taken of the individuals named below for use in camp/school publications, including web sites, and other physical or electronic forms of media. The photographs may be offered for use or distribution to other school departments without notification.

I hereby waive any right to inspect or approve the photographs, publications, or electronic matter that may be used now or in the future, whether I am aware of it or not. I waive any right to royalties or other compensation arising from or related to the use of the photographs.

I hereby agree to release and hold harmless Cape Christian Academy, and the staff working in conjunction with the development department, from and against any claims, damages or liability arising from or related to the use of the photographs or video. This includes but is not limited to any re-use, distortion, blurring, alteration, optical illusion or use in composite form, intentionally or otherwise, that may occur or be produced in production of the finished product. It is the discretion of CCA to decide whether to use the image.

I am the parent/guardian of the campers named below. I have read this release before signing below. I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing. I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

**Individuals pictured in the photos:**

**Name**

**Age**

_____	_____
_____	_____
_____	_____
_____	_____

\_\_\_\_ Yes, I give my permission for the above named to be photographed.

\_\_\_\_ No, I do not give my permission for any photographs to be taken.

Parent signature: \_\_\_\_\_

**PARENTS' HANDBOOK**  
**June 17-August 27, 2019**  
**10 Oyster Road CMCH, NJ 08210**

1. Cape Christian Academy's Summer Camp begins on June 17 and ends on August 27, 2019 . Camp will be closed on July 4<sup>th</sup>. Camp is open from 7:00 AM – 5:30 PM. Our Core hours are from 9am until 3pm. Most planned activities occur during core hours. **All campers need to be at the camp by 9:00 AM.** All campers will be charged regardless of attendance.
2. CCA is a faith-based ministry and our summer camp is faith-based using Biblical principles and scripture on a daily basis.
3. CCA reserves the right to deny care to families who are consistently late picking up their child or paying their bill. There will be a charge of \$1.00 per minute for each minute after 5:30 to be billed to your account.
4. CCA reserves the right to expel a child who demonstrates a negative, non-compliant attitude towards the rules and procedures of the camp's objectives. Attempts will be made to correct such behavior through time-out and parent conferences before a decision of expulsion is made.
5. Each camper is required to participate in Language Arts, Math and Reading lessons daily using our interactive smart board. Campers who received a summer work packet from their school are encouraged to bring it to camp. Your child is also welcome to bring any appropriate book that he/she is reading.
6. Campers should bring a book bag and a lunch container labeled with their name each day. We recommend putting in an ice pack to keep the lunch cold. A microwave is available for reheating food only.
7. Campers should keep an extra set of clothes in their backpack for emergencies. Students should bring two healthy snacks, a lunch and plenty of drinks. A water bottle is strongly recommended. We do have water bottles and other drinks available for purchase for \$1.00. We also have snacks for .50 each.
8. On water days, students will be responsible for supplying a towel, swimsuit, labeled sunscreen, water shoes (optional), water toys and clothes to change into afterward. **Parents are strongly encouraged to apply sunscreen to their child daily before coming to camp.** CCA staff will re-apply sunscreen when necessary if the sunscreen is sent in with the camper.
9. Campers will be outside daily and should dress appropriately. We recommend wearing sneakers each day. Flip-Flops are only allowed on water days during water time. Campers must have regular shoes for non-water time on water days.

10. During the camp season, there will be special celebrations. You may be asked to sign up to donate a food item for these occasions.

### **MEDICAL INFORMATION**

1. Campers that are sick should not attend camp until they are symptom free. This includes fever, diarrhea, vomiting or head lice. Children should be free of these symptoms without medication for 24 hours before returning. Additionally, if a child is on medication due to an illness, such as an antibiotic, he/she should be on the medication for 24 hours before returning to camp.
2. **“Common sense”** first aid will be administered for minor injuries or bug bites. This would include examination of the injury, cleaning with soap and water, application of antibiotic ointment and a band-aid for scrapes or cuts, as well as application of ice packs for bumps or possible strains. Parents will be notified at the end of the day for minor injuries. Parents will be notified immediately for any head injury (including minor injuries) as well as any other serious injury.
3. If your child has a communicable disease such as chicken pox, measles, or mumps, they will not be able to attend until they are cleared by a doctor and we receive a note stating that they are cleared to return to camp.

**Please sign and return this page to Cape Christian Academy’s office with your registration papers for Summer Camp.**

**I have read the Cape Christian Academy Summer Camp Parent Handbook. By signing my name, I agree to abide by the information contained in the handbook.**

**Child(ren)'s Names** \_\_\_\_\_

**Relationship to Camper(s)** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Date:** \_\_\_\_\_

**CCA Witness:** \_\_\_\_\_