

# 2010 Sunshine Summer Blast Summer Camp



St. Marys Water Park

TNT Gymnastics

SWIMMING

Reptile Experience

Regal Cinema

Conner's A-Mazing Acres

Peterbrooke

Art

## Sunshine Christian Academy Mission Statement

To lead every student to a saving knowledge of Jesus Christ while providing the highest quality Christian education to facilitate lifelong learning in an environment of genuine love and concern for each student and parent.

45082 Frank Brookins Drive  
P O Box 5026

Callahan, Florida 32011

PHONE (904) 879-1260

FAX (904) 879-2640

Accredited by Florida League of Christian Schools

FLOCS Certification #3104558

[www.sonshinechristian.com](http://www.sonshinechristian.com)

Sunshine Christian Academy will admit students of any race, color, national and ethnic origin to all rights, privileges, programs, and activities generally afforded or made available to students at the school. We will not discriminate on the basis of race, color, or national and ethnic origin in the administration of our educational and admission policies.

As a religious entity, SCA is legally permitted to make enrollment decisions based upon religious criteria, including doctrinal and lifestyle issues. It is the policy of SCA to enroll students who subscribe without reservation to SCA's Statement of Faith and Code of Conduct and who are living out these doctrines and standards in all areas of their lives, both at and away from ministry functions. SCA does not discriminate in enrollment on the basis of race, color, sex (as determined at birth and not subject to change), national origin, age, disability, or any other characteristic protected by law.

# Sonshine Summer Blast Summer Camp Tuition Acknowledgement

## FAMILY INFORMATION

Responsible Parent/Guardian Name(s): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

## STUDENTS ENROLLED FOR THE 2010 SONSHINE SUMMER BLAST SUMMER CAMP

1. \_\_\_\_\_ Age \_\_\_\_\_      2. \_\_\_\_\_ Age \_\_\_\_\_  
 3. \_\_\_\_\_ Age \_\_\_\_\_      4. \_\_\_\_\_ Age \_\_\_\_\_

## TUITION RATES

<b>Registration Fee – 5 – 13 year olds</b> <i>Registration is nonrefundable &amp; not discounted</i>	\$50.00 per child
<b>Registration Fee – 4 year olds</b> (current SCA students only) <i>Registration is nonrefundable &amp; not discounted</i>	\$35.00 per child
<b>7 year olds – 13 year olds</b> Full Week <i>Weekly Tuition includes field trips.</i> <i>No care is provided on field trip days if student does not attend scheduled field trip</i>	\$95.00 1 <sup>st</sup> child \$90.00 2 <sup>nd</sup> child \$85.00 3 <sup>rd</sup> child
<b>5 year olds – 6 year olds</b> Full Week <i>Weekly Tuition includes field trips.</i> <i>No care is provided on field trip days if student does not attend scheduled field trip.</i>	\$105.00 1 <sup>st</sup> child \$100.00 2 <sup>nd</sup> child \$95.00 3 <sup>rd</sup> child
<b>4 year olds</b> Full Week	\$125.00 1 <sup>st</sup> child \$120.00 2 <sup>nd</sup> child \$115.00 3 <sup>rd</sup> child
<b>Minimum due weekly for Full Week Campers</b> <i>Minimum of \$50.00 per week, with the exception of 1 week vacation, will be due to hold full time positions</i>	\$50.00
<b>Drop In Rate</b> 4 year old program 5 & 6 year old program 7 – 13 year old program	\$30.00 \$35.00 \$35.00

## TUITION ASSISTANCE

Sonshine Christian Academy does not offer any type of Tuition Assistance or Scholarships.

## STATEMENT OF PAYMENT TERMS

- All financial obligations are to be cleared with the school office before the end of each week. **All payments are due by Monday of the current week.**
- Students with overdue accounts will be withheld from attending summer camp.
- Any tuition paid in advance is non-refundable.
- A **\$10.00** late fee will be billed to each account if the scheduled payment has not been received within three days of the due date.
- In addition, a service charge of **\$30.00** will be assessed for all checks returned by the bank. *(All future payments will be in the form of cash/money order)*

### Acknowledgment:

**We/I, the undersigned, having carefully read this entire Tuition Acknowledgement, including the Tuition and Fees schedule, do hereby acknowledge that we fully understand and adhere to the terms and conditions as set forth herein.**

\_\_\_\_\_  
 Father's/Guardian's name (Please Print)

\_\_\_\_\_  
 Mother's/Guardian's name (Please Print)

\_\_\_\_\_  
 Other Person Responsible (Please Print)

\_\_\_\_\_  
 Father's/Guardian's signature

\_\_\_\_\_  
 Mother's/Guardian's signature

\_\_\_\_\_  
 Other Person Responsible signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Date

**PERSONAL INFORMATION**

Student's Full Name: \_\_\_\_\_ Prefers to be called: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age \_\_\_ Place of Birth: \_\_\_\_\_  
Sex: \_\_\_ Male \_\_\_ Female Social Security #: \_\_\_\_\_  
Referred By: \_\_\_\_\_

**FAMILY INFORMATION**

FATHER/ STEPFATHER/GUARDIAN

(Please circle one)

Name: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Alt Phone: \_\_\_\_\_

MOTHER/ STEPMOTHER/GUARDIAN

(Please circle one)

Name: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Alt Phone: \_\_\_\_\_

Should this parent receive correspondence?  Yes  No (If court order issued, copy must be supplied)  
Siblings' Names and Ages: \_\_\_\_\_

**EMERGENCY INFORMATION**

List people to contact if parents cannot be reached:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Please note the following information

- Lunch is not provided, however Gatorade may be purchased for \$1.25
- Afternoon snack is provided
- Registration is on a 1<sup>st</sup> come 1<sup>st</sup> serve basis
- Registration fee and 1<sup>st</sup> weeks tuition are due upon enrollment
- Payment for weekly tuition is due on Monday for the coming week.
- Sonshine Christian Academy Summer Camp is not staffed to offer Summer Camp for special needs children. All student enrolled in Sonshine Christian Academy's Summer Camp Program are enrolled on a trial basis.
- A Summer Camp Parent/Student Handbook will be reviewed on the first day of camp.
- Students not picked up by 6:00 p.m. will be assessed a \$15 charge for any part of each quarter hour thereafter.
- All students, 5-13 years old, will attend swimming field trips. The YMCA completes a swimming competency test for all students entering the pool. Then students are given a colored necklace to wear during the swimming trips which determine the areas of the pool the student may swim in. Note students with no or minimal swimming experience will be either placed in the splash play area or placed in a lifejacket for swimming instruction in shallow areas only with their teacher. Please check here \_\_\_\_\_ if you DO NOT want your child to go into the pool. If this area is checked, your child will only be allowed into the splash play area.

**NOTE YOUR CHILD'S T-SHIRT SIZE**

\_\_\_ Youth 4/6 \_\_\_ Youth 8/10 \_\_\_ Youth 12/14 \_\_\_ Youth 16/18

\_\_\_ Adult Small \_\_\_ Adult Medium \_\_\_ Adult Large \_\_\_ Adult X-Large

**STATEMENT OF LIABILITY**

Sonshine Christian Academy Summer Camp

Print Student's Name: \_\_\_\_\_  
Last
First
Middle

I understand that I will receive the current "Student Handbook" on the first day of camp and realize that my child and I are responsible to read and abide by the policies therein and to be in harmony with the spirit of Sonshine Christian Academy Summer Camp. My child and I will be an encouragement to others by abiding by the policies of the Camp.

I indemnify and save Sonshine Christian Academy Summer Camp, it's employees, and agents harmless from any liability or medical expense resulting from any sickness, accident, or injury while my child is participating in any activity on or off campus. When my child uses any of the Camp's facilities or participates in any activity, they do so at their own risk. I understand and agree that Sonshine Christian Academy Summer Camp is not responsible for my child's medical expenses and that Sonshine Christian Academy Summer Camp does not provide any accident or medical insurance to cover my child's medical expenses should they become sick or injured. I am responsible for my own child's medical expenses and will file any medical claim with my own insurance company or pay the cost myself.

I further agree that should I take any legal action against Sonshine Christian Academy Summer Camp or it's employees or agents, I will reimburse them for attorney fees, court fees, damages or other costs they incur to defend themselves against such action if it is determined they are not found at fault.

I give permission for any photographs of my child to be used by Sonshine Christian Academy Summer Camp in advertising, brochures, websites or other publications.

**Consent Agreement**

Parents have the responsibility in guiding the child's behavior at home and influencing his/her conduct at Sonshine Christian Academy Summer Camp. Parents should make sure that the student arrives on time and is properly dressed. Appropriate rules of conduct will be applied to all students at SCA Summer Camp. Students are expected to comply with all rules in a respectful manner.

1. Upon acceptance of my child into SCA Summer Camp, I am obligated to pay the tuition and all other fees when due. The school will make no refund of these fees.
2. I will support SCA's enforcement of rules of conduct as listed in the Parent/Student Summer Camp Handbook and as the school administration deems necessary.

I further agree that while every reasonable precaution will be taken to insure the safety and well being of my child, I will in no way hold Sonshine Christian Academy Summer Camp or Crossroads Family Worship Center responsible for any accidents affecting my child. In no way will Crossroads Family Worship Center or the camp be held liable for damage.

\_\_\_\_\_  
Signature of Parent or Legal Guardian Date

SWORN AND SUBSCRIBED BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20 \_\_\_\_.  
BY \_\_\_\_\_  
PERSONALLY KNOWN: \_\_\_\_\_ PRODUCED IDENTIFICATION: \_\_\_\_\_ TYPE: \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC, STATE OF FLORIDA Notary's Name (printed)

NOTARY PUBLIC STATE OF FLORIDA AT LARGE  
MY COMMISSION EXPIRES: \_\_\_\_\_ NOTARY SEAL

# PARENTAL CONSENT, CERTIFICATION, AND MEDICAL AUTHORIZATION

Copyright 1998 Church Law and Tax Report

Parents and legal guardians of minor children are asked to complete this form and return it to the school. The information requested is designed to assist the school in providing for the safety of minors during camp-sponsored activities.

## **General Information (please print)**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Child's Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Parent's Work Phone #: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Doctor's Phone #: \_\_\_\_\_

Insurance Company Covering Child: \_\_\_\_\_ Policy #: \_\_\_\_\_

## **Consent and Certification**

I, the undersigned, being the parent or legal guardian of the child named above (the "child"), do hereby consent to the participation of my child in all of the regularly scheduled activities of the students of Sunshine Christian Academy Summer Camp, an affiliate of Crossroads Family Worship Center of Callahan, Florida, during the 2010 Summer Camp, including field trips, sporting events, and any other activities customarily associated with a Summer Camp. Further, I certify that my child is physically fit and adequately trained to participate in such events, including swimming, except as noted below: \_\_\_\_\_

## **Medical Questionnaire:**

- Is your child presently being treated for an injury or sickness or taking any form of medication for any reason? Yes \_\_\_\_\_ No \_\_\_\_ If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
- Does your child have any allergies (including medications)? Yes \_\_\_\_\_ No \_\_\_\_ If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
- Does your child ever sleep walk? Yes \_\_\_\_\_ No \_\_\_\_
- Does your child have any physical condition or illness that would prevent him or her from participating in the regularly scheduled activities described above or in any other rigorous activity? Yes \_\_ No \_\_\_\_  
If yes, please explain below. Your child's physician authorizing your child to participate in such activities must submit a written release. \_\_\_\_\_  
\_\_\_\_\_
- Does your child require a special diet? Yes \_\_\_\_\_ No \_\_\_\_ If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

**Medical Treatment Authorization**

I understand that I will be notified in the case of a medical emergency involving my child. However, in the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill. I authorize any one or more of the following persons to make emergency medical decisions on behalf of my child, if required by law or a health care provider: \_\_\_\_\_  
\_\_\_\_\_ I understand that the camp/church will not be responsible for medical expenses incurred solely on the basis of this authorization.

I agree to notify the camp in the event of any health changes, which would restrict my child’s participation in any normal school activities. I also understand that the adult supervisors reserve the right to restrict my child from any activity that they do not feel is within the physical capabilities of my child.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

SWORN AND SUBSCRIBED BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20 \_\_\_\_.

BY \_\_\_\_\_

PERSONALLY KNOWN: \_\_\_\_\_ PRODUCED IDENTIFICATION: \_\_\_\_\_ TYPE: \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC, STATE OF FLORIDA

\_\_\_\_\_  
Notary’s Name (printed)

NOTARY PUBLIC

STATE OF FLORIDA AT LARGE

MY COMMISSION EXPIRES: \_\_\_\_\_

NOTARY SEAL

# 2010 Summer Camp Pick – Up Authorization

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Natural Father's Name: \_\_\_\_\_ Allowed to pick child up:  Yes  No

Natural Mother's Name: \_\_\_\_\_ Allowed to pick child up:  Yes  No

Custodial Parent/Guardian Name(s): \_\_\_\_\_ Allowed to pick child up:  Yes  No

Is there a court order on file with the school office  Yes  No

List other individuals who are authorized to pick up child: (print)

Authorized Name (not nick name)

Contact Phone Number(s)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

**\*\*Changes to this list must be made in the school office; proper identification must be shown.\*\***