



FLORIDA STATE CHRISTIAN ACADEMY

Summer Camp 2019

Most Field Trips, Breakfast, Lunch and Snacks are included.

5200 Oleander Ave, Ft. Pierce, FL 34981 or email to: HYPERLINK "mailto:maria.campos@fscak12.com" maria.campos@fscak12.com
Phone: (772) 801-5522

Child's Name(s), First and Last (Please Print)

· _____ Age ____ Male ____ Female ____ T-shirt Size ____
 · _____ Age ____ Male ____ Female ____ T-shirt Size ____
 · _____ Age ____ Male ____ Female ____ T-shirt Size ____

* T-shirts are not mandatory, but are encouraged to be worn on field trips. The cost is \$10 each.

Name of Parent/Guardian _____

Home Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell: _____

Email Address: _____

Medical Conditions/Allergies: _____

Registration Agreement - Please initial and sign to indicate understanding and agreement.

_____ I understand that Summer Camp runs from May 28th- August 9th.(Transition camp Aug. 12-16)

_____ I understand that camp is open from 7:00 a.m. to 6:00 p.m. for grades K - 6th.

_____ I am aware that activities and schedules are subject to change.

_____ I understand that the camp spot is for the entire summer. \$_____ (# of weeks needed_____)

_____ I also understand that a \$25 registration fee is non-refundable. 10% weekly sibling discount.

_____ I understand that homesickness, minor illness, change of family plans, dismissal from program and personal schedule conflicts/changes are not sufficient grounds for a refund.

_____ I understand that it is the camper's responsibility to participate in the whole camp program including activities, values, and sharing. My child will abide by the rules of the program and I will explain to him/her that violation of rules related to (but not limited to) drugs/alcohol, inappropriate conversations/contact, tobacco, or violence/bullying will result in a dismissal from the program, with no refund of camp fees.

_____ I hereby give Saint James Christian Academy/Florida State Christian Academy and it's representatives the right to take photographs of my child(ren) for such purposes as advertising, publicity and web content.

_____ I understand that the first payment is due prior to the first day of camp. Weekly payments are due every FRIDAY before services are rendered the following week. We do offer and encourage auto-pay.

Signature of Parent/Guardian: _____ Date: _____