

ST. JOHN'S CHRISTIAN ACADEMY

Camp Cavalier Application

PLEASE COMPLETE FOR EACH STUDENT

FULL NAME OF APPLICANT _____ GOES BY _____
Last First Middle

MAILING ADDRESS _____
Street City State Zip Code

DATE OF BIRTH _____ SOCIAL SECURITY NUMBER _____ HOME PHONE # _____

FAMILY E-MAIL _____

FATHER/GUARDIAN

MOTHER/GUARDIAN

NAME _____

NAME _____

ADDRESS (if different from student)

ADDRESS (if different from student)

EMPLOYER _____

EMPLOYER _____

WORK # _____ CELL# _____

WORK# _____ CELL# _____

ADDITIONAL CONTACTS WHO HAVE PERMISSION TO PICK-UP STUDENT:

NAME _____ RELATION TO STUDENT _____

HOME PHONE _____ WK PHONE _____ CELL PHONE _____

NAME _____ RELATION TO STUDENT _____

HOME PHONE _____ WK PHONE _____ CELL PHONE _____

COMMENTS/ADDITIONAL INFORMATION (RESTRICTIONS ON STUDENT PICK-UP AND/OR ADDITIONAL EMERGENCY CONTACTS OR INDIVIDUALS WHO HAVE PERMISSION TO PICK-UP STUDENT)

CONTINUE ON BACK

STUDENT MEDICAL INFORMATION
PLEASE COMPLETE FOR EACH STUDENT

STUDENT'S NAME _____ HEALTH INS. CO _____

POLICY NUMBER _____ PERSON INSURED _____

PHYSICIANS

DOCTOR _____ PHONE () _____

DENTIST _____ PHONE () _____

MEDICAL INFORMATION

PRESCRIPTION MEDICATION NEEDED DURING SCHOOL HOURS MUST BE GIVEN TO THE SCHOOL NURSE BY THE PARENT/GUARDIAN (NOT BY THE STUDENT). ADDITIONAL DOCUMENTATION WILL NEED TO BE COMPLETED BY PARENT/GUARDIAN WITH PHYSICIAN'S SIGNATURE BEFORE ANY PRESCRIPTION MEDICATION WILL BE ADMINISTERED.

ALLERGIES (PROVIDE TYPE AND ANY ACTION NEEDED TO BE TAKEN BY SCHOOL STAFF)

MY CHILD HAS PERMISSION TO BE GIVEN THE FOLLOWING OVER THE COUNTER MEDICATION: TYLENOL, MOTRIN, MYLANTA, BENADRYL, TUMS, OR COUGH DROPS.

____ YES ____ NO

EMERGENCY MEDICAL TRANSPORTATION PERMISSION

I authorize St. John's Christian Academy to call an emergency ambulance and/or transport my child to the nearest medical care facility in case of accident or acute illness and to arrange for necessary emergency medical and surgical care in case I am not immediately available. Any qualified physician may perform necessary treatment for the health and well being of my child. I ask that a conscientious effort be made to notify me before such action is taken. I fully understand that St. John's Christian Academy does not carry basic health or medical insurance on my child. I understand and fully agree that I am responsible for any and all medical or health-related costs that might develop as a result of accidents, injury, sickness or other situation requiring medical care and treatment.

Parent/Guardian's Signature

Date

CAMP CAVALIER: A SUMMER ADVENTURE

Hours 7:00 AM to 6:00 PM Monday through Friday
Closed Friday July 3rd

<u>Weeks</u>	<u>Theme</u>	<u>Instructor</u>
1 June 1-5	Twiggs in Time: The Art of Leo Twiggs	Theresa Camlin
2 June 8-12	Cooking with Chef O	Mark Otero
3 June 15-19	Snap Up a Good Book	Susan Gilmore
4 June 22-26	Critters of Berkeley County	Kelly Clark
5 June 29-July 2	Computer Technologies: Surfing the Keys	Michelle Driggers
6 July 6-10	Gardening: Making Things Grow	Tally Propst
7 July 13-17	A Close Encounter with God's Word	First Baptist Church
8 July 20-24	Water Fun	Wilhelmina Otero
9 July 27-31	Cavalier Olympics	Melissa Leopper
10 August 3-7	Mighty Music Makers	Jaqueline Winters

Student's Name(s)

Payment Plan (circle desired plan)

Rate: \$110 per week My child will be attending for at least seven weeks. Please circle the weeks your child will be attending.

Rate: \$125 per week My child will be attending less than seven weeks. Please circle the weeks your child will be attending.

Rate: \$35 per day My child will be attending on a per day basis. I will notify the School Office at 24 hours in advance to verify space availability for the day(s) my child will be in attendance.

Please complete all forms and return with application fee of \$35.00 before May 8th \$50.00 on May 11th and after.

I have read and agree to the terms of this enrollment contract.

SIGNATURE OF PARENT/GUARDIAN

DATE

SIGNATURE FOR ST. JOHN'S CHRISTIAN ACADEMY

DATE

STUDENTS ARE ADMITTED WITHOUT REGARD TO RACE, RELIGION, OR NATIONAL ORIGIN.