

# 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 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 or Guardian's Signature**

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

# CAMP CAVALIER: A SUMMER ADVENTURE

Hours: 7:00 AM to 6:00 PM Monday through Friday  
Closed Monday July 5<sup>th</sup>

<u>Weeks</u>	<u>Theme</u>	<u>Instructor</u>
1 June 1-4	Ahoy, Matey! Pirate Week	Adrienne Small
2 June 7-11	Art and Literacy Fusion	Patty Lee
3 June 14-18	Art and Literacy Fusion	Patty Lee
4 June 21-25	Wildlife Week	Katherine Hester
5 June 28-July 2	Astro Week	Katherine Hester
6 July 6-9	Around the World in Five Days	Adrienne Small
7 July 12-16	Wild West Week	Jennifer Harrelson
8 July 19-23	Water Fun	Jennifer Harrelson
9 July 26-30	Cavalier Olympics	Amy Moss
10 August 2-6	Mighty Music Makers	Amy Moss

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

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**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.**