

Revised 2016



Cape Christian Academy

10 Oyster Road, Cape May Court House, NJ 08210

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

Web: www.CapeChristianAcademy.com • Info@CapeChristianAcademy.com

“Building Students from the Inside Out”

Dear Parents,

Thank you for your interest in Cape Christian Academy’s Summer Camp. Children 3 years old through entering 6th grade are eligible to attend. All registrations are due by Wednesday, June 20, 2016. Available space will be determined on a first come, first served basis. When submitting your camp registration, the following items are needed:

1. Completed Registration form
2. \$60.00 Registration Fee per child (non-refundable)
3. The first week's tuition
4. A copy of your child's immunization record (unless they attended CCA during 2015-2016)
5. Completed health form for all campers
6. Birth certificate (unless they attended CCA during 2015-2016 or CCA summer camp in 2015)
7. A signed Photo/Video release form
8. Permission to Transport Form in case of emergency.
9. Signed contract

Complete both sides of the registration form in full and sign it. All items stated above must accompany the registration form in order to secure a spot in CCA’s Summer Camp Program. Incomplete registrations will delay your child’s starting the program. In order to plan our camp staff, please let us know how often and what days your children will be attending.

Please make checks payable to Cape Christian Academy. Tuition is due by the previous Friday for the upcoming week. If accounts are not paid on time, a \$10 late fee will be charged, and children will not be able to return until accounts are current.

PLEASE RETURN THIS FORM BY WEDNESDAY, JUNE 20th.

<u>FULL DAY TUITION:</u>		<u>PARTIAL DAY TUITION:</u>	
5 - DAY WEEK RATE	\$ 125.00	5-DAY WEEK RATE	\$100.00
4 - DAY WEEK RATE	\$ 125.00	4-DAY WEEK RATE	\$100.00
3 - DAY WEEK RATE	\$105.00	3-DAY WEEK RATE	\$75.00
2 - DAY WEEK RATE	\$70.00	2-DAY WEEK RATE	\$60.00
1 - DAY WEEK RATE	\$35.00	1-DAY WEEK RATE	\$30.00
No refunds for missed days		No refunds for missed days	

Family Name: _____

Total tuition due each week _____

Parent signature _____

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of our students the things the world will never erase.



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Medical Release Form for CCA Summer Camp

School Year _____

Name of participant _____ Age _____

Name of parent or guardian _____

Street address _____ Town _____ State _____ Zip _____

Phones: Home _____ Cell(s) _____ Work _____

Emergency contact other than parents (must be provided)

Name _____ Relationship _____

Phones: Home _____ Cell _____ Work _____

Student’s physician _____ Phone _____

Medical insurance company _____ Policy # _____

Name of insured _____ Relation to student _____

Medical Information:

Allergies to medications or anything else _____

Most recent tetanus shot _____

List any chronic medical conditions and any medications taken for this (details to be provided on Medications at School form included in packet) _____

I give my permission for my child to participate in the above activity. In the event of an emergency situation, I understand that a school representative will attempt to reach me and the other contact listed. While I expect CCA to continue to try to reach me until successful, I give my permission for emergency medical testing and treatment to be given at a hospital or other emergency facility if I cannot be reached in a reasonable amount of time. 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, other electronic forms or 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 via electronic or media, 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

_____	_____
_____	_____
_____	_____
_____	_____

CCA Affiliation (check one):

Camper Parent/Guardian Staff Other _____

Signature: _____

Address: _____

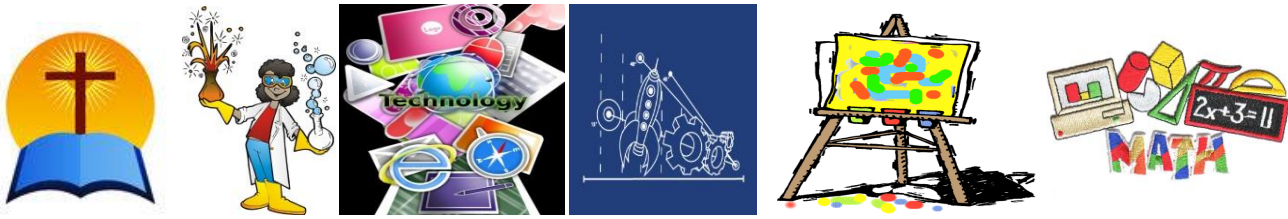
Daytime Phone: _____

Date: _____

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Cape Christian Summer Camp

For Children 3 Years Old (potty- trained) thru those Entering Sixth Grade

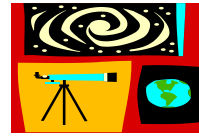


**Branching Out In Knowledge of
Bible, Science, Technology, Engineering, Art and Math**

A summer of Discovering Treasures



June 27-August 26



Colossians 2:3 “...treasures of wisdom and knowledge.”

Call 609-465-4132 for Information

NJ State Subsidy Accepted

PARENTS' HANDBOOK

June 27-August 26

10 Oyster Road CMCH, NJ 08210

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1. Camp begins on June 27 and ends on August 27, 2016. Camp is open from 7:15 AM – 5:15 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.** Campers staying under 6 hours per day will be charged for a partial day. Campers staying longer than 6 hours will be charged a full day rate. You must register for either partial days or full days. Any exceptions need to be cleared with the director prior to the change in attendance status.
2. CCA reserves the right to deny care to families who are consistently late picking up their child. There will be a charge of \$1.00 per minute for each minute after 5:15 to be paid directly to the person supervising your child after closing.
3. CCA reserves the right to expel a child who demonstrates a negative, non-compliant attitude towards the rules and procedures of the camps objectives. Attempts will be made to correct such behavior through time-out and parent conferences before a decision of expulsion is made.
4. 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 welcomed to bring any appropriate book that he/she is reading.
5. 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.
6. Campers should keep an extra set of clothes in their backpack for emergencies.
7. Students should bring two healthy snacks, a lunch and plenty of drinks. A water bottle is strongly recommended. We do have water bottles available for \$1.00.
8. On water days, students will be responsible for supplying a towel, swimsuit, sunscreen, water shoes (optional), and any water toys (optional). **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.
10. Field trips require individual signed permission slips for attending the trip and transportation from a parent/guardian. Parents are responsible for supplying required car or booster seats. Campers requiring either car or booster seats will not be transported without it. Remember to put your child's name on the seat.
11. Campers will be outside daily and should dress appropriately. We recommend wearing sneakers except on water days. **We strongly discourage the wearing of flip-flops.**

12. During the camp season, there will be special celebrations. You may be asked to sign up to donate a food item for these occasions.
13. We have optional programs available for an additional fee. See “OPTIONAL ACTIVITIES SHEET” for details.

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 for 24 hours before returning. Additionally, if a child is on medication due to an illness, he/she should be on the medication for 24 hours before returning to camp.
2. During summer camp, we do not have a nurse on duty and cannot administer medication. If your child will need medication administered, it will be the responsibility of the parent to arrange to administer medication.
3. “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, application of ice pack for bumps or possible strains. Parents will be notified at the end of the day for minor injuries. A parent will be notified immediately and appropriate action will be taken for any serious injury.
4. If you child has a combinable disease such as chicken pox, measles, or mumps they will not be able to attend until doctor’s as cleared them.

Revised March 2016

Please sign and return 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/CHILDREN'S NAME _____

RELATIONSHIP TO CHILD/CHILDREN _____

Signature _____

DATE _____

Witness _____