



# Cape Christian Academy

10 Oyster Road, Cape May Court House, NJ 08210

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

Web: [www.CapeChristianAcademy.com](http://www.CapeChristianAcademy.com) • [Info@CapeChristianAcademy.com](mailto: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 6<sup>th</sup> grade are eligible to attend. All registrations are due by Wednesday, June 21<sup>st</sup> but classes fill up fast. 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 (other payments are due in advance bi-weekly on the 2<sup>nd</sup> and 4<sup>th</sup> Friday of each month)
4. A copy of your child's immunization record (unless they attended CCA during 2016-2017)
5. Completed health form for all campers
6. Birth certificate (unless they attended CCA during 2016-2017 or Camp CCA in 2016)
7. A signed Photo/Video release form
8. A 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 by circling the days below:

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 21<sup>st</sup>.**

<u>FULL DAY TUITION:</u>		<u>PARTIAL DAY TUITION:</u>	
<b>5 - DAY WEEK RATE</b>	<b>\$ 130.00</b>	<b>5-DAY WEEK RATE</b>	<b>\$100.00</b>
<b>4 – DAY WEEK RATE</b>	<b>\$ 125.00</b>	<b>4-DAY WEEK RATE</b>	<b>\$100.00</b>
<b>3 - DAY WEEK RATE</b>	<b>\$105.00</b>	<b>3-DAY WEEK RATE</b>	<b>\$75.00</b>
<b>2 - DAY WEEK RATE</b>	<b>\$70.00</b>	<b>2-DAY WEEK RATE</b>	<b>\$60.00</b>
<b>1 – DAY WEEK RATE</b>	<b>\$35.00</b>	<b>1-DAY WEEK RATE</b>	<b>\$30.00</b>
<b>No refunds for missed days</b>		<b>No refunds for missed days</b>	

Family Name: \_\_\_\_\_

Total tuition due each week \_\_\_\_\_

Parent signature \_\_\_\_\_

Revised March 2017

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of our students the things the world will never erase.



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## Cape Christian Academy Summer Camp!

### “Exploring God’s Galaxy”

“How many are your works, LORD! In wisdom you made them all;  
the earth is full of your creatures.” Psalm 104:24

### Jam-Packed Fun-Filled Summer Days

- Daily STEAM Activities (Science, Technology, Engineering, Art & Math)
- Bible Lessons
- Theme Days
- Art & Drama
- Guest Speakers
- Playground & Basketball Courts
- Caring Staff
- Indoor Air Conditioning/Outdoor Play
- Reading time each day
- Call about our new Drama Camp only Option



**June 26th - August 25th**

**Monday through Friday from 7:15am - 5:15pm**

**Camp CCA**

**10 Oyster Road**

**Cape May Court House, NJ**

**Phone: 609-465-4132**

**[www.CapeChristianAcademy.com/Camp](http://www.CapeChristianAcademy.com/Camp)**

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## Camp Health Update Form

Camp Year 2017

Age \_\_\_\_\_

Camper’s Name \_\_\_\_\_

Home phone \_\_\_\_\_

Physician’s Name \_\_\_\_\_

Phone # \_\_\_\_\_

**Please fill in information requested.**

### ALLERGIES?

To specific drug, food, animal, etc. \_\_\_\_\_

Reaction is usually mild, moderate, or severe? \_\_\_\_\_

Treatment \_\_\_\_\_

Seasonal allergies? \_\_\_\_\_

ASTHMA? \_\_\_\_\_

Inhaler or nebulizer at school? \_\_\_\_\_

DIABETES? \_\_\_\_\_

Hearing problems? \_\_\_\_\_

Hyperactivity, ADHD? \_\_\_\_\_

Recent illnesses, surgery, broken bones? \_\_\_\_\_

SEIZURE DISORDER? \_\_\_\_\_

Type of seizures \_\_\_\_\_

Action usually taken \_\_\_\_\_

Vision problems: Wears glasses for reading? \_\_\_\_\_ For distance? \_\_\_\_\_ Both? \_\_\_\_\_

Any medication taken daily and why \_\_\_\_\_

Anything else? \_\_\_\_\_

Use separate piece of paper if more room is needed

Signature of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_

**Revised 3/2017**

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## Medical Release Form for CCA Summer Camp

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 transport, 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, and other physical or electronic forms of 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, 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: \_\_\_\_\_

# *PARENTS' HANDBOOK*

*June 26-August 25, 2017*

*10 Oyster Road CMCH, NJ 08210*

1. Camp begins on June 26 and ends on August 25, 2017. Camp will be closed on July 4<sup>th</sup>. 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 or paying their bill. There will be a charge of \$1.00 per minute for each minute after 5:15 to be billed to your account.
3. CCA reserves the right to expel a child who demonstrates a negative, non-compliant attitude towards the rules and procedures of the camp's 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 welcome 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 each day. Flip-Flops are only allowed on water days during water time. Campers must have regular shoes for non-water time on water days.
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.

### **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, as well as application of ice packs 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 your child has a communicable disease such as chicken pox, measles, or mumps, they will not be able to attend until they are cleared by a doctor.

**Revised March 2017**

**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** \_\_\_\_\_