



Summer S.O.A.R. Enrollment Form

Simple – an educational, yet fun time away from school. Outdoors – surrounding ourselves with God's glorious creation. Activities – new and exciting things to do each day. Recreation – refreshing our minds and spirits with summer play.
 Enrollment forms must be completely filled out and returned. Incomplete forms will not be accepted.

Child's Name	Gender	Age	Birth Date
Home Address	City	State	Zip Code
Home Telephone			

Guardian's Name and Relationship to Child

Guardian's Name and Relationship to Child

Address and Telephone (Check here if same as child)

Address and Telephone (Check here if same as child)

Place of Employment

Place of Employment

Employer Address and Phone Number

Employer Address and Phone Number

Cell Phone	Service Provider (For Text updates)

Cell Phone	Service Provider (For Text updates)

E-Mail Address

E-Mail Address

Child's Legal Guardians (check one):	<input type="checkbox"/> Both Parents	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Other:
Child's Living Arrangements (check one):	<input type="checkbox"/> Both Parents	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Other:

Authorized Pick-Ups and Emergency Contact List: (No person may pick up your child who is not on this list.)

Name and Relationship:	Address (include city, state, and zip):	Phone Number:

Allergies, Special Needs, Illnesses, Health Concerns, and/or any long-term prescribed medications



SUMMER S.O.A.R. AGES 5-12 REGISTRATION, TUITION, & FEES

There is no reduction in tuition for partial or non-attended weeks.

A two-week written withdrawal notice is required to terminate all tuition contracts.

Summer S.O.A.R. Registration Fee: **\$50.00 for first child + \$25.00 for any additional sibling.**
(Non-Refundable & includes the cost of one t-shirt to be worn on field trips.)

Tuition: All costs listed are per student per week. There is no reduction in tuition for partial weeks. A \$10.00 non-refundable deposit is required in advance per week and will go towards the weekly tuition.

Weekly Tuition \$165.00

Additional Fees & Requirements

Change of Schedule

You will be charged for each week held for your child’s attendance.

Water Bottles

All campers (ages 5-12) are required to bring a water bottle to help prevent dehydration. If a camper does not have a water bottle, one will be provided at a cost of \$2.00.

Daily Lunch

Summer S.O.A.R. does not provide a lunch. LUNCHES MUST BE BROUGHT FROM HOME EACH DAY. If your child comes to camp without a lunch, we will not be able to admit them until they have one in hand.

Late Pickup Policy and Fee

Summer S.O.A.R. operates from 7:00 a.m. to 5:30 p.m. on dates specified for each session. The late pickup policy will be strictly enforced so that we may provide proper care for our students. Although we understand that occasional tardiness may be inevitable, regular extended late pickups cannot be tolerated. Pick up is by 5:30 p.m. EST. Beginning at 5:31 p.m. the late pickup policy goes into effect. If you are unreachable after 30 minutes, then CPS will be called by someone in administration.

- 1st Violation** will result in a warning to the parent and a \$35.00 late fee being required upon pickup.
- 2nd Violation** will result in a \$35.00 late fee being required upon pickup and suspension from the program for one week.
- 3rd Violation** will result in a \$35.00 late fee being required upon pickup and revoking the privilege of using Summer S.O.A.R.

Discounts

A \$5 discount per additional child will be given to families registering two or more full-time students for that week.

I have read and agree to comply with the above tuition and fees of Rock Springs Christian Academy. I understand that tuition and fees may change at any time and I will be given written notice of any such change.

Signature (Parent/Guardian) _____ Date _____



SUMMER SOAR AGES 5-12 FINANCIAL CONTRACT

I understand that by initialing each session I am registering my child for that session. I agree to pay the \$10 deposit fee at the time of registration for each week I signed up for and understand this fee is nonrefundable. The remaining amount due for each session is due on the **Monday** of that session. **There is no reduction in tuition for illness, holidays, bad weather, etc. during any of these scheduled days and I am responsible to pay even in my child's absence.** I understand any changes to my child's camp schedule after the original registration must be made in writing to the director 2 weeks prior to the scheduled camp date to not be charged for that held space.

Signature (Parent/Guardian) _____ Date _____

Child's Name _____ Age _____

Please initial in the appropriate box for each session your child will be attending.

Camp will be closed on May 30th, July 4th, and August 10th, 11th, and 12th.

	Weekly Attendance	Deposits Paid (Office use)
Session 1: June 1-June 3 \$105.00 <small>(Closed Monday 5/30 for Memorial Day & 5/31 for Staff Training.)</small>		
Session 2: June 6-June 10 \$165.00		
Session 3: June 13-June 17 \$165.00		
Session 4: June 20-June 24 \$165.00		
Session 5: June 27-July 1 \$165.00		
Session 6: July 5-July 8 \$165.00 <small>(Closed Monday 7/4 for 4th of July)</small>		
Session 7: July 11-July 15 \$165.00		
Session 8: July 18-July 22 \$165.00		
Session 9: July 25-July 29 \$165.00		
Session 10: August 1-August 5 \$165.00		
Session 11: August 8-August 9 \$75.00 <small>(Closed W, TH, & FR 8/10, 11, & 12)</small>		

OFFICE USE ONLY

Registration _____

Deposits _____

Past Due Balance _____

Total _____

- Credit
- Check
- Cash
- TE

Initials _____



VEHICLE EMERGENCY MEDICAL INFORMATION

(This information accompanies your child whenever using RSCA transportation.)

Child's Name

Address

Guardian's Name

Guardian's Name

Home/Cell Phone

Home/Cell Phone

Persons to notify in an emergency when parents cannot be reached:

Contact Name:	Phone Number:

<input type="text"/>	<input type="text"/>
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Child's Doctor

Phone

Medical facility the center uses: RSCA will call Lamar County EMT

Child's Allergies:

Current prescribed medications:

Child's special medical needs and conditions:

In the event of an emergency involving my child, contact me, and if RSCA cannot contact me, I hereby authorize any needed emergency medical care. I further agree to be fully responsible for all medical expenses incurred during the treatment of my child.

Signature (Parent/Guardian)_

Date _



Parental Agreement and Tuition Contract

I agree to allow RSCA to provide Summer S.O.A.R. for:

(Child's Name):

My child will be arriving at:

am/pm

And leaving at:

am/pm

PLEASE INITIAL EACH NUMBERED STATEMENT

- _____ 1) **RSCA** will not provide a lunch. Lunch must be brought from home each day. If a child comes to camp without a lunch, they will be asked to leave and return with a lunch.
- _____ 2) Medication will not be administered at camp by **RSCA** staff. Please plan accordingly to do this at home or have someone to come administer any medications needed.
- _____ 3) The facility agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, and exposure to communicable diseases, which involve my child.
- _____ 4) Should my child suffer an injury or illness while in the care of **RSCA** and the facility is unable to contact me (us) immediately, **RSCA** shall be authorized to secure such medical attention and care for the child as may be necessary. I further agree to be fully responsible for all medical expenses incurred during the treatment of my child.
Medical Care Facility the center uses: RSCA will call Lamar County EMT: Medical Facility will be determined by EMT.
- _____ 5) **RSCA** agrees to obtain written authorization from me before my child participates in routine transportation, field trips, and special activities away from the facility.
- _____ 6) I understand that all registration and/or deposits are nonrefundable. **I agree and acknowledge that tuition is due whether or not the children attend, and whether nonattendance is due to illness, bad weather, or any other reason. I understand that no refund will be given if the children are absent.** (This is due to the fact that the camp's operating expenses continue with or without my child's absence).
- _____ 7) **Summer Camp Tuition:** I acknowledge and agree that I am responsible to pay in full for all the sessions I have chosen whether my child attends or not. I understand that tuition is due in full, in advance on Monday of each week, and is considered late after 12:00 p.m. Monday. I agree to pay a \$10.00 late fee if my tuition is paid after 12:00 p.m. on Monday. I acknowledge that my child may not be admitted to camp if my tuition has not been paid. I understand that if my child attends camp and my account is past due, I will be asked to pick up my child from camp or pay the account balance. Any re-enrollment will be at the sole discretion of the camp and will require payment of a new enrollment fee and payment for all unpaid amounts.
- _____ 8) I agree that I will be charged a \$30.00 fee for any returned checks. I understand if one check is returned my account will become cash only. Also, I understand that post-dated checks are unacceptable.
- _____ 9) I agree that if I arrive to pick up a child after 5:30 p.m., I will pay to **RSCA** \$35.00 upon pickup and agree to the late pickup fee and policy. All late payment and pickup fees must be paid at the time of pickup. If late payment and pickup fees are not paid at the time of pickup, my child will not be allowed to return to camp until all late fees are paid.
- _____ 10) I understand that I may withdraw my child from the program by giving a written two week notice prior to the last day my child will attend. If I fail to provide this notice, I understand that I will owe for two weeks of tuition.
- _____ 11) My child will not be allowed to enter or leave the facility without being escorted by the parent(s), adult (over 18 years old) authorized by parent(s), or camp personnel.
- _____ 12) I agree that images or video may be taken of my child and used by **RSCA**. No compensation will incur for any images or video used.
- _____ 13) I agree that the camp reserves the right to refuse any application, or dismissal of my child at any time, for any reason, at the sole discretion of **RSCA** staff.
- _____ 14) **Records: All the information I have provided on these enrollment forms is accurate.** I acknowledge that it is my responsibility to keep my child's records current to reflect any significant changes as they occur, e.g. telephone numbers, work location, emergency contacts, child's physician, child's health status, immunization records, etc.

I understand that Summer S.O.A.R. is operated by **Rock Springs Christian Academy** and is not licensed.

Signature (Parent/Guardian) _____ Date _____

Signature (Facility Administrator) _____ Date _____