



Cypress Christian Schools

Summer Day Camp 2018

Application Form

Student's Name _____ Nickname _____

Birth Date _____ **2018-2019** School Year: Grade _____ School _____

Circle Days of Attendance: Mon Tues Wed Thurs Fri

State Approximate Times: Drop-Off Time _____ Pick-Up Time _____

Check Weeks of Attendance: June 6 (W-F) _____ June 11 _____ June 18 _____ June 25 _____

July 2 _____ July 9 _____ July 16 _____ July 23 _____ July 30 _____ Aug 6 (M-W) _____

Child lives with: () Both parents () Shared parenting () Mother () Father () Guardian

Please print clearly – email must be included in order to be contacted

Mother _____ Father _____

Address _____ Address _____

City _____ Zip _____ City _____ Zip _____

Phone: H _____ W _____ Phone: H _____ W _____

Cell _____ Cell _____

Email _____ Email _____

Other persons who are authorized to pick up your child or who can be contacted in case of emergency:

1 _____ Phone _____ Relationship to child _____

2 _____ Phone _____ Relationship to child _____

3 _____ Phone _____ Relationship to child _____

List any medical conditions requiring special attention:

- Allergies or Sensitivities -
- Diet Restrictions -
- Physical Limitations -
- Medication That Must Be Administered at Camp -
- Unusual Fears -

(Reverse Side Must Also Be Completed)

CHECK ONE OF THE FOLLOWING OPTIONS:

___ **FULL-TIME - 4 or 5 DAYS PER WEEK**

\$135.00 PER WEEK, PER CHILD

(For each week checked on application form, *REGARDLESS OF DAILY ATTENDANCE*)

___ **PART-TIME - 1 to 3 DAYS PER WEEK (Use for first and last week of camp.)**

\$38.00 PER DAY, PER CHILD

(For each week checked on application form, *REGARDLESS OF DAILY ATTENDANCE*)

I have read and understand the fee schedule. I am asking Cypress Christian School to reserve a spot for my child(ren) _____ for the days and weeks I have chosen on the application form. ALL CHANGES TO ENROLLMENT MUST BE APPROVED BY THE DIRECTOR BY MAY 1st. I am agreeing to pay for the days and weeks I have chosen or changed by May 1st, regardless of daily attendance.

My payment will be paid by the **first** day of each week, **at drop-off time**. If payment is not made on time, there may be a **late fee** and my child will not be allowed to attend camp until payments are made current.

I also understand that there will also be additional charges for late pick-ups (\$1.00 per minutes and for returned checks (\$30.00 per check).

(Fill in dollar amounts)

My Payments Are: June 6 (W-F)-\$_____ June 11-\$_____ June 18-\$_____ June 25-\$_____
July 2 -\$_____ July 9-\$_____ July 16-\$_____ July 23-\$_____ July 30 -\$_____ Aug. 6 (M-W) -\$_____

SIGNATURE

DATE

**Enclosed is my \$40 non-refundable application fee (if application is turned in by April 6th)
\$55 non-refundable application fee (if application turned in after April 6th)
This fee includes the camp t-shirt and review workbook.**

Shirt size - Circle size: Youth S(6-8), M(10-12), L(14-16); Adult S, M, L)

Summer Camp Discipline Agreement

I agree to abide by the Rules of Conduct (as listed on my information sheet) and to support the camp staff in guiding my children to do the same.

SIGNATURE

DATE

(Please turn in application and emergency information at the same time.)

CYPRESS SUMMER CAMP EMERGENCY CONTACT INFORMATION

Student's Last Name	First Name	Grade	Date of Birth
Home Address		City/State/Zip	
		Home Phone Number () _____	
Child lives with:			
First parent contact: _____ Employer: _____ E-mail address: _____		Business Phone or Pager () _____ Cell Phone Number () _____	
Second parent contact: _____ Employer: _____ E-mail address: _____		Business Phone or Pager () _____ Cell Phone Number () _____	
Other person(s) to contact in an emergency if parent(s) cannot be reached:			
Name: _____ Phone: _____ Relationship to child: _____			
Name: _____ Phone: _____ Relationship to child: _____			
Student Health Conditions (check all that apply): <input type="checkbox"/> NO medical conditions			
<input type="checkbox"/> Allergies (please list below)	<input type="checkbox"/> Cystic fibrosis	<input type="checkbox"/> Nervous twitch	
<input type="checkbox"/> Anemia	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Neuromuscular disorder	
<input type="checkbox"/> Asthma	<input type="checkbox"/> Depression	<input type="checkbox"/> Nosebleeds	
<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Ear infections/tubes/hearing	<input type="checkbox"/> Seizure disorder	
<input type="checkbox"/> Autism	<input type="checkbox"/> Emotional concerns	<input type="checkbox"/> Sickle cell anemia	
<input type="checkbox"/> Behavior concerns	<input type="checkbox"/> Headaches	<input type="checkbox"/> Sore throats (frequent)	
<input type="checkbox"/> Birth/congenital malformations	<input type="checkbox"/> Heart problems	<input type="checkbox"/> Speech problems	
<input type="checkbox"/> Bone/muscle/joint problems	<input type="checkbox"/> Hemophilia	<input type="checkbox"/> Traumatic brain injury	
<input type="checkbox"/> Blood problems	<input type="checkbox"/> Juvenile arthritis	<input type="checkbox"/> Vision problems	
<input type="checkbox"/> Bowel/bladder problems	<input type="checkbox"/> Lead poisoning	<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Cancer	<input type="checkbox"/> Migraines		
Please list medications being taken:			
Allergy type, reaction, recommended action			

PERMISSION TO TRANSPORT CHILD

I give Cypress Summer Camp my permission to transport the child listed above to the nearest medical/dental care facility. Signing this form only authorizes the camp to secure emergency transportation for a child. This form does not authorize or guarantee treatment upon arrival (dependent on emergency facility). In case of an accident or serious illness, I request the camp to contact me. If camp is unable to reach me, I hereby authorize the camp to call the emergency contacts listed above. If it is impossible to reach me or the emergency contacts, the camp may make whatever arrangements seem necessary.

Mother's/Guardian's Signature

Father's/Guardian's Signature