



# Providence Christian Academy

Home of The Heart Changer  
4258 Burrough Drive, Suite 300 Warrenton, VA 20187  
(Tel) 540-349-4989 [www.pcalions.org](http://www.pcalions.org)



*Preparing Minds for Action, Lives for Service (1 Peter 1:13)*

## 2024 Summer Camp Application

**\*\*Please write clearly. It is very important that we can read all the information\*\***

<b>STUDENT NAME</b>	<b>Date of Birth</b> _/_/____	<b>Today's Date</b> _/_/____
Last _____	<b>Age</b> _____	<b>Grade (Fall 2024)</b> _____
First _____ M.I. ____	<b>Sex: M F</b>	

**FATHER/LEGAL GUARDIAN email:** \_\_\_\_\_

Last \_\_\_\_\_ First \_\_\_\_\_

Address \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

**MOTHER/LEGAL GUARDIAN email:** \_\_\_\_\_

Last \_\_\_\_\_ First \_\_\_\_\_

Address \_\_\_\_\_ (If different)

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

List 1 person that is authorized to pick up your child from camp or be called in case of an emergency in the event a parent cannot be reached.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

### STUDENT INSURANCE INFORMATION

\_\_\_\_\_ ID Number \_\_\_\_\_ Group Number \_\_\_\_\_  
Medical Insurance Policy

### MEDICAL CONCERNS/ALLERGIES (Please check all that apply to your child)

\_\_\_ Allergies, be specific \_\_\_\_\_

\_\_\_ Bee or insect allergy \_\_\_ Allergies to Medicines (please list) \_\_\_\_\_

Are your child's allergies severe enough to require an Epi-Pen? \_\_\_ Yes \_\_\_ No \_\_\_

Asthma Does your child use an inhaler? \_\_\_ Yes \_\_\_ No

\_\_\_ Unusual sensitivity to sunburn/sunscreens

Is your child on any medication that is taken at home? \_\_\_ Yes \_\_\_ No

Please contact us in advance if your child needs medication during the day so that we may accommodate your needs.

#### Medication(s)/Reason

List all medical conditions for which your child receives continual care \_\_\_\_\_

Is there anything, health related or not, you want Summer Camp staff to know about this camper? (Use an extra sheet if needed.) \_\_\_\_\_

**AUTHORIZATION OF CONSENT TO TREATMENT OF A MINOR**

The undersigned, as parent or legal guardian of \_\_\_\_\_ (Student's Full Name), hereby authorize the Summer Camp staff and its designated leaders and directors to consent to any medical and hospital care to be rendered to minor upon the advice of a licensed physician. It is understood that if time and circumstances reasonably permit, Summer Camp staff will endeavor, but is not required, to communicate with the undersigned prior to such treatment. The undersigned further agrees that the PCA Summer Camp staff and its designated leaders and directors are not legally or financially liable for any claim arising from any consent given in good faith in connection with such diagnosis or advise treatment. This authorization and consent to treatment of a minor is given to PCA Summer Camp and shall remain effective through Summer Camp at PCA.

\_\_\_\_\_  
**Parent/Guardian Signature**

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

**SUMMER CAMP 2024**

**Dates/Hours:** June 4<sup>th</sup>-August 16<sup>th</sup>, 8am – 3pm, Monday through Friday. Before Care is available from 7 – 8 am and Aftercare from 3 – 5 pm for an additional cost of \$8 per hour per camper.

**Ages:** PK-3 (must be potty trained) through rising 5<sup>th</sup> Graders

**Registration Fees:** \$25 non-refundable enrollment fee for each child due at the time the application is submitted.

**No Show Fees:** In order to minimize “no-shows” for weeks that children pre-registered, PCA will charge a \$50 no show fee per student if the student does not attend a selected week. We apologize for this cost but we have to reserve field trips and other activities in advance and this minimizes the loss due to costs to PCA.

**Billing:** Please pay the Monday of the week attending and no later than Wednesday. *To keep campers at camp, enjoying the fun, please do not get behind for previous weeks of camp. Late payment fees of \$10.00 will be accessed the following Wednesday if payments are not made the week attending. Before and After Care hours will be invoiced.*

**Daily Rates: due day of camp**

**Grade: PK-3 rising 5<sup>th</sup> Graders**

<b>Weekly Fee</b>	<b>Daily Rate</b>	<b>Before/After Care</b>
\$230	\$50	\$8

"

**Returned Checks:** Any checks returned by the bank for insufficient funds will necessitate an additional service charge of \$25.00



**Tax Write Off:** Please check if you need a financial statement for taxes because of your employment.

**Weeks of Camp Needed: Check week(s) your child will attend.**

- Week 1 (6/4/24 - 6/7/24)
- Week 2 (6/10/24 - 6/14/24)
- Week 3 (6/17/24 – 6/21/24)
- Week 4 (6/24/24 – 6/28/24)
- Week 5 (7/01/24 - 7/05/24) (No camp on 7/4 due to Holiday)
- Week 6 (7/8/24 – 7/12/24)
- Week 7 (7/15/24 – 7/19/24)
- Week 8 (7/22/24 – 7/26/24)
- Week 9 (7/29/24 – 8/02/24)
- Week 10 (8/05/24 – 8/9/24)
- Week 11 (8/12/24 - 8/16/24)

**Total Due at Registration:**

Registration Fee: \$25 x \_\_\_\_\_ campers = \$\_\_\_\_\_

Total Due at Registration = \$\_\_\_\_\_

**Statement of Responsibility**

My child \_\_\_\_\_, Grade \_\_\_\_ 2024 - 2025

I/We, \_\_\_\_\_ and \_\_\_\_\_, have read the above information and agree to comply with the policies of and financial obligations to Providence Christian Academy.

Father/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mother/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_