



Providence Christian Academy

Home of The Heart Changer

4258 Burrough Drive, Suite 300, Warrenton, VA 20187

(Tel) 540-349-4989 www.pcalions.org



2022 Summer Camp Application

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

STUDENT NAME	Date of Birth ____/____/____	Today's Date ____/____/____
Last _____	Age ____	Grade (Fall 2022) _____
Frist _____ M.I _____	Sex: M F	

FATHER/LEGAL GUARDIAN email: _____

Last _____ First _____ Middle _____

Address _____ Home # _____

_____ Work # _____

_____ Cell # _____

MOTHER/LEGAL GUARDIAN email: _____

Last _____ First _____ Middle _____

Address _____ Home # _____

(If different)

_____ 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 parent cannot be reached.

Name _____ Relationship _____

Home # _____ Work # _____ Cell # _____

STUDENT INSURANCE INFORMATION

_____ Medical Insurance

_____ Policy ID Number

_____ Group Number

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 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 minor is given to PCA Summer Camp and shall remain effective through Summer Camp at PCA.

_____ Parent/Guardian Signature

_____ Date

SUMMER CAMP 2022

Dates/Hours: June 13th-August 12th, 8am – 3pm, Monday through Friday. Before Care is available from 7 – 8 am and Aftercare from 3 – 5 pm for an additional cost of \$7 per hour per camper.

Ages: PK-3 (must be potty trained) through rising 5th Graders

Registration Fees: \$25 (if before May 1st) non-refundable enrollment fee for each child due at the time the application is submitted; \$35 (after May 1st)

Weekly Rates: due each week on Mondays

Grade	Weekly Fee	Daily Rate	Before/After Care
PK-3 rising 5 th Graders	\$210	\$45	\$7

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

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

- Week 1 (6/13/22 – 6/17/22)
- Week 2 (6/20/22 – 6/24/22)
- Week 3 (6/27/22 – 7/01/22)
- Week 4 (7/04/22 – 7/08/22) (No camp on 7/4 due to Holiday)
- Week 5 (7/11/22 – 7/15/22)
- Week 6 (7/18/22 – 7/22/22)
- Week 7 (7/25/22 – 7/29/22)
- Week 8 (8/01/22 – 8/05/22)
- Week 9 (8/08/22 – 8/12/22)

Statement of Responsibility

My child _____, Grade _____
2022 - 2023

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: _____

