



# 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)



## 2021 Summer Camp Application

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

### STUDENT NAME

Last \_\_\_\_\_

First \_\_\_\_\_ M.I. \_\_\_\_\_

### Date of Birth:

\_\_\_\_/\_\_\_\_/\_\_\_\_

Age \_\_\_\_\_

Sex: M F

### Today's

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Grade (Fall 2021) \_\_\_\_\_

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

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

Address \_\_\_\_\_

Home # \_\_\_\_\_

\_\_\_\_\_

Work # \_\_\_\_\_

\_\_\_\_\_

Cell # \_\_\_\_\_

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

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

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 parents 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.

\_\_\_\_\_ Name of 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 advised treatment. This authorization and consent to treatment of minor is given to the PCA Summer Camp and shall remain effective through the Summer Camp at PCA.

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

\_\_\_\_\_ Date

**SUMMER CAMP 2021**

**Dates/Hours:** June 7 –August 13, 2021, 8:00 a.m. - 3:00 p.m., Monday through Friday  
Before Care is available from 7:00 to 8:00 and After care from 3:00 p.m. to 5:00 p.m. for an additional cost of \$6.00 per hour per camper

**Ages:** PK-3 (Must be potty trained) through rising 6<sup>th</sup> 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**

<b>Grade</b>	<b>Weekly Fee</b>	<b>Daily Rate</b>	<b>Before/After Care</b>
PK3 – rising 6 <sup>th</sup> graders	\$185	\$40	\$6 hour

**Returned Checks** - Any check 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 (6/07/21 – 6/11/21)
- Week 2 (6/14/21 – 6/18/21)
- Week 3 (6/21/21 – 6/25/21)
- Week 4 (6/28/21 – 7/02/21)
- Week 5 (7/06/21 – 7/09/21)
- Week 6 (7/12/21 – 7/16/21)
- Week 7 (7/19/21 – 7/23/21)
- Week 8 (7/26/21 – 7/30/21)
- Week 9 (8/02/21 – 8/06/21)
- Week 10 (8/09/21 – 8/13/21)

**Statement of Responsibility**

My child is \_\_\_\_\_, Grade \_\_\_\_\_  
Student's Name (2021 – 2022)

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: \_\_\_\_\_