



ICA SUMMER CAMP REGISTRATION

Name of Student: _____

Parent Name: _____ Parent Email: _____

Address: _____ Zip: _____ Home Phone: _____

Mom Cell: _____ Dad Cell: _____ Guardian Cell: _____

How Did You Hear About ICA Summer Camp? _____

ICA Student: Yes No or School Attending: _____ Grade entering: _____

Male: _____ Female: _____ Age: _____ T-Shirt Size:(circle one) **Child** - S M L **Adult** - S M L XL

In Case of Emergency Contact (other than parent): Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

In the event of an accident or emergency, if possible, please take my child to _____ Hospital.

Health Problems: _____ Allergies: _____

Accident Insurance – International Christian Academy does not carry individual student insurance.

We submit this application for acceptance of our child to the ICA Summer Camp. Upon acceptance, we hereby agree to the school behavior and fee policies.

Parent/Guardian Signature: _____ Date: _____

ICA Summer Camp Costs (Lunch **NOT** included)
 9:00am-3:00pm \$130 per week if registered & paid prior to May 12th*
 9:00am-3:00pm \$140 per week if registered & paid after May 12th*
 Sibling discount: \$10 off per week. (Discount may not be applied to Extended Care or Daily Drop-in Rate)
 Early & Extended Care 7:00am-9:00am and/or 3:00pm-6:00pm
 \$35 flat rate per week covers both early and extended care
 Daily Drop-in Rate: \$35 per day per child (Sibling discount not available with drop in rates.)

**Summer Camp Field Trips Available for Additional Cost

For Students Not Enrolled in Extended Care: I understand that my child must be picked up by 3:00pm each day and that there is a late fee of \$1.00 per minute that I will be responsible for if my child is picked up after 3:00.

_____ Print Parent's Name

_____ Parent's Signature

Summer Camp Options-- STUDENTS ENTERING 1ST GRADE – ENTERING 6TH GRADE 9:00 a.m. – 3:00 p.m.

Attending:	Date:	Cost:	CAMP THEME FOR THE WEEK
WK 1 _____	June 19th-23rd	\$130/\$140	SUPER SCIENCE CAMP: Slime, games, hands on learning, yummy snacks, and craft time while learning about ocean life will be so much fun!
WK 2 _____	June 26 th -30 th	\$130/\$140	FIT AND FUN CAMP: Games, daily gym time, hands-on learning, nutrition, and preparing healthy snacks engage kids in a healthy lifestyle.
Wk 3 _____	July 3 rd -7 th	\$100/\$120 (closed 7/4)	AMERICA THE BEAUTIFUL: Kids will learn some American history while playing water games, having picnic fun, and enjoying summer snacks.
WK 4 _____	July 10 th -14 th	\$130/\$140	TERRIFIC TRAVELERS CAMP: Sample food, songs, play games, make crafts, & learn how to say hello and goodbye in five languages as we experience a learning adventure about France, Italy, China, Mexico, and Germany!
WK 5 _____	July 17 th -21 st	\$130/\$140	CREATION STATION CAMP: Kids will paint, make crafts, and participate in theatre! FUN GALORE!
WK 6 _____	July 24 th -28 th	\$130/\$140	TEAMWORK MAKES THE DREAM WORK CAMP: Activities, friendly competitions, leadership skills, and lots of fun will take place this week!

_____ YES, ENROLL MY CHILD IN EXTENDED CARE **** Camp participants only** _____ 7A-9A _____ 3P-6PM

***Prices before May 12, 2017:**

- \$25 – Registration (nonrefundable)
- \$130 – Weekly
- \$675 – All six weeks when paid in full
- \$35 – Daily Drop-in Rate
- \$35 – Weekly extended care

***Prices after May 12, 2017:**

- \$40 – Registration (nonrefundable)
- \$140 – Weekly
- \$750 –All six weeks when paid in full
- \$35 – Daily Drop-in Rate
- \$35 – Weekly extended care

REGISTRATION BEFORE MAY 12th

Registration Fee: \$25.00 = \$ _____
 # of Weeks: _____ X \$130 = \$ _____
 SPECIAL: Six Weeks \$675.00 = \$ _____
 Sibling Discount \$10 Per Wk = \$ (_____)
 _____ Wks Extended Care X \$35= \$ _____
 Drop-in Rate _____ Days X \$35= \$ _____
TOTAL DUE: \$ _____

REGISTRATION AFTER MAY 12th

Registration Fee: \$40.00 = \$ _____
 # of Weeks: _____ X \$140 = \$ _____
 All Six Weeks \$ 750.00 = \$ _____
 Sibling Discount \$10 Per Wk = \$ (_____)
 _____ Wks Extended Care X \$35= \$ _____
 Drop-in Rate _____ Days X \$35= \$ _____
TOTAL DUE: \$ _____

** Discounts may not be combined. **Discounts may not be applied to Extended Care.

Date Paid: _____	Total Paid: _____	Method of Payment: _____
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