



K3-6thth Grade

www.celebrationchristianacademy.org
410.997.2384

6080 Foreland Garth
Columbia, MD 21045

REGISTRATION APPLICATION

CHAMP Camp hours 8AM-4PM Before Care 7AM-8AM After Care 4PM-6PM

Camper Health History must be completed & submitted with application

NAME _____ DATE OF BIRTH _____
Last Name First Name Middle Initial

GRADE ENTERING THIS FALL _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____ HOME PHONE _____

MOTHER'S NAME _____ WORK # _____ CELL # _____

FATHER'S NAME _____ WORK # _____ CELL# _____

EMAIL ADDRESS' _____
(Print Clearly)

FAMILY PHYSICIAN _____ PHONE _____

Will any medication be needed at school? No Yes, (Medication Administration Authorization Form must be submitted for each medication)

NAME OF PERSON AUTHORIZED TO PICKUP CHILD/ EMERGENCY NOTIFICATION

Authorized person must have a picture ID presented or on file to pick-up camper

Name of Person Relationship Daytime Phone #

Name of Person Relationship Daytime Phone #

Name of Person Relationship Daytime Phone #



CAMP WAIVER & RELEASE

FAITH

I understand that this is a religious day camp and includes a component of Christian education.

FIELD TRIPS & SPECIAL EVENTS

My camper has permission to attend all CHAMP CAMP's field trips and special events scheduled during their session at camp under camp leadership.

I understand that I will be notified of these trips in advance and that it is my responsibility to see that my camper reaches the program by the stated time of departure.

If my camper misses the transportation, or I choose to have him/her skip a particular trip, it will be my responsibility to arrange for alternate childcare for those hours.

SUNSCREEN

I give permission for CHAMP Camp staff to assist my camper with the reapplication of sunscreen. I understand that the first application of sunscreen is expected to be done at home. I also understand that campers must have their own sunscreen (unexpired with their first and last name on it) and that sharing of sunscreen is not permitted as an allergic reaction precaution.

SWIMMING

I understand that CHAMP CAMP does not require swim tests for campers to participate on pool trips. If the camper does not swim with ease, I further understand that they will be restricted to the wading pool.

MOVIES

I give permission for my camper to view rated G or PG movies.

PHOTOGRAPHY

I understand that photography may be taken during the course of daily activities and I hereby authorize the use my camper's photos, as CHAMP CAMP deems appropriate, e.g. for advertisements, publications, etc.

BEHAVIOR PROBLEMS

I understand that any camper who is constantly disruptive, or exhibits aggressive or abusive behavior may be dismissed for the day and suspended for *up to three days*. Continuation of such behavior or behavior that is determined to be severely abusive or disruptive may result in permanent removal from CHAMP CAMP. No refunds.

POTTY TRAINING

I acknowledge that CHAMP CAMP is accepting only children who are fully toilet trained and I understand that this is a condition of enrollment.

EMERGENCIES

If immediate medical attention is required, I give permission for my camper to be taken to the NEAREST HOSPITAL EMERGENCY ROOM. My signature authorizes the responsible person at CHAMP CAMP to transport my camper to that hospital.

CAMPER'S NAME

GUARDIAN'S SIGNATURE



REGISTRATION & FINANCIAL AGREEMENT

1. This agreement is for the registration of _____ in CHAMP CAMP for the 2020 summer session. CHAMP CAMP begins June 15, 2020 and ends August 14, 2020. A place will be reserved for this camper upon the return of the completed and signed Registration and Financial Agreement and payment of the **non-refundable** registration fee. Please be mindful of due dates as CHAMP Camp enrollment fills up quickly.

| ACTIVITY | FEE | DATES |
|------------------------|--|---|
| EARLY REGISTRATION | \$100.00/per child (includes camper t-shirt) | February 21- April 3, 2020 |
| REGULAR REGISTRATION | \$200.00/per child (includes camper t-shirt) | After April 3, 2020 |
| WEEKLY CAMP FEE | \$200.00/per child, per week (includes field trip transportation) | Weekly CHAMP CAMP fees are due no later than 4pm the previous Friday of each camp week |
| WEEKLY BEFORE CARE FEE | \$30.00/per child, per week | |
| WEEKLY AFTER CARE FEE | \$60.00/per child, per week | |

One time discount fee for all 9 weeks \$1620.00/per child

2. The undersigned parent(s) or guardian acknowledge that the obligation herein described to pay all fees for CHAMP CAMP in full by the Friday **before** the camper can begin camp. Further, all fees and incidental expenses incurred by the camper is unconditional, and no portion of such camp fee, and expenses paid will be refunded or canceled, notwithstanding the subsequent absence, dismissal, or withdrawal of the student when using the weekly payment plan. (see ***** Policy information, pg. 5).

Campers will NOT be able to attend camp on Monday if all fees are not paid by the previous Friday.

| FOR OFFICE USE ONLY | | | |
|----------------------|-------------|--------------|---------------------|
| Date of Registration | Amount Paid | Payment Type | Payment Accepted By |
| | | | |



3. Please indicate the weeks for which you are registering by placing a check mark in the box.

*Registration will only be accepted after selection of weeks because staffing, field trip and other financial commitment are based on enrollment. There are no refunds offered for registration.

One time payment for full 9 weeks June 15th through August 14th

WEEK ONE: June 15th June 19th

WEEK SIX: July 20th July 24th

WEEK TWO: June 22th June 26th

WEEK SEVEN: July 27th July 31st

WEEK THREE: June 29st July 3th

WEEK EIGHT: August 3th August 7th

WEEK FOUR: July 6th July 10th

WEEK NINE: August 10th August 14th

WEEK FIVE: July 13th July 17th

T-SHIRT SIZE

YOUTH: ____XS ____S ____M ____L ____XL

ADULT: ____S ____M ____L

*Please note that CHAMP Camp shirts will be give to your camper on Monday of the first week they attend Camp.

- All fees must be paid in full the Friday before your camper begins CHAMP CAMP. Please add all fees for weekly camp attendance, before care, and after care to determine the total amount that you owe.
- Payment Options: fees can be made by check, credit card, money order, or cash at the office. Checks and money orders may also be mailed to: **Celebration Church, 6080 Foreland Garth, Columbia, Maryland 21045, Attention: CHAMP CAMP.** Please indicate your child's name on your check. Also, please include this singed agreement with your payment. Parents must sign one agreement for each child who will attend CHAMP Camp.
- Any returned checks will be subject to a \$25 returned check fee.
- If all fees are not paid in full the Friday before the camper is expected to begin CHAMP CAMP, camper's space will become available the next prospective camper on our wait list.

| FOR OFFICE USE ONLY | | | |
|---------------------|-------------|--------------|---------------------|
| Date of Payment | Amount Paid | Payment Type | Payment Accepted By |
| | | | |



Please read this section carefully:

| POLICY | EXPLANATION | INFORMATION |
|---------------------------|---|--|
| Registration Fee | Registration fee secures your camper's spot according to selected weeks and includes your camper's t-shirt | Registration fee is non-refundable |
| Week change | Changing a selected week to a future week | When requested in writing, week(s) can be changed based on availability, no later than the Friday before the selected camp week |
| Cancelations & Withdrawal | Canceling one or more weeks and withdrawals. | All cancellation and withdrawal requests must be made in writing no later than the Friday before the camper is to start camp. Parents who pay for all weeks of camp attendance in full may request a refund of unused weeks. Refunds will be processed within 30 days of receipt of request and will be reduced by a 20% administrative fee. Refunds are not available on weekly payment plans. |
| Sickness | Absence of more than two consecutive days due to illness. | When requested in writing and accompanied by a doctor's note, camper may use excused absence(s) towards the following week. |
| Payment Deadline | Camp, Before Care and After Care fees | All weekly fees must be paid in full by the Friday before the camper can begin camp. Campers will be admitted without prior payment. |
| Late Pick-Up | Campers who have not paid for After Care must be picked up by 4pm. Campers who have paid for After Care must be picked up by 6pm. | Campers who are picked-up late will be charged \$25 per camper/per occurrence. Late pick-up fees must be paid at sign-in by the next business day for your camper to continue to participate. |

8. By signing this agreement, I/WE agree to all terms and obligations of this Registration & Financial Agreement.
9. Both parents and guardians must sign this agreement. **If only one parent signs this agreement, the parent must include a letter stating that the signing parent accepts full responsibility for the enrolling student.**

THE OFFICE MUST RECEIVE ALL COPIES OF THIS REGISTRATION & FINANCIAL AGREEMENT BY THE DATES INDICATED ALONG WITH THE NON-REFUNDABLE REGISTRATION FEE TO RESERVE YOUR CAMPER'S SPACE.

PARENT'S SIGNATURE

DATE

PARENT'S SIGNATURE

DATE