

S O U T H C H A R L O T T E B A P T I S T A C A D E M Y  
S U M M E R D A Y C A M P R E G I S T R A T I O N F O R M

---

The Registration Fee must be included with this application (Non-Refundable)

Today's Date \_\_\_\_\_ Early Bird (\$25) Late Registration (\$50 after May 1)

Child's Name \_\_\_\_\_ Goes By \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ \_\_Male \_\_Female

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

School now attending \_\_\_\_\_ Year round school? Yes No

Grade entering in 2017-18 \_\_\_\_\_ T-shirt size (circle one) YS YM YL AS AM AL

List any disabilities, complications, fears or allergies

\_\_\_\_\_

\_\_\_\_\_

Father's Name \_\_\_\_\_ Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Marital Status of Parents (check one) Married \_\_\_ Widow(er) \_\_\_ Separated/Divorced \_\_\_ Single \_\_\_

If parents are separated or divorced, with whom does the child(ren) live? \_\_\_\_\_

Siblings (Please list the name & age of each if attending camp):

Brothers \_\_\_\_\_ Sisters \_\_\_\_\_

**Emergency Care Information**

Name of Child's Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Name of Child's Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Hospital Preference (Required) \_\_\_\_\_

If neither father nor mother (or guardian) can be contacted, call:

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

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

Person to whom the child(ren) may be released (other than parent):

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

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

**Please circle the weeks your child will be attending SCBA Summer Day Camp**

June 5 – 9                  June 12 – 16                  June 19- 23                  June 26 – June 30

July 3 – 7                  July 10 – 14                  July 17 – 21                  July 24 – 28

S O U T H C H A R L O T T E B A P T I S T A C A D E M Y  
S U M M E R D A Y C A M P R E G I S T R A T I O N F O R M

IN SIGNING THIS APPLICATION, WE AGREE TO THE FOLLOWING:

We give our child permission to participate in all South Charlotte Baptist Academy camp events. This includes sports, field trips and all recreational activities. This also assumes voluntary participation in these events by the child. We also agree to apply sun screen before the child arrives at Summer Day Camp. We give permission for our child to reapply sun screen that is brought from home.

We also give permission for our child's photograph to be used in promotional materials by South Charlotte Baptist Academy without the expectation of compensation in any manner.

We agree that the Academy staff may authorize the physician of their choice to provide emergency care in the event that neither we nor the family physician can be contacted. We give our permission for the camp to administer emergency care if the need should arise. Any exceptions are here by listed below.

We will cooperate with South Charlotte Baptist Academy Summer Day Camp in all policies and standards.

We give permission for our child's teacher or the day camp director to make and enforce regulations in a manner consistent with Christian principles and discipline as set forth in the Scriptures. Discipline methods include, but are not limited to, removal of privileges (game time, etc.) parent contact, suspension or expulsion. We understand that all discipline will be carried out with tender loving care by the teaching staff and the administration. The goal of all discipline is to train the child to be happy and well behaved in all situations. We understand the stated policy, and we will uphold South Charlotte Baptist Academy in their discipline policy.

We agree to pay the fee for our child's care on Monday or the first day in attendance for the week. There is a \$15.00 late fee for payments not made on time. Each returned check will be assessed a \$25 fee, and the family will be placed on a cash-only basis. There is a charge of \$1.00 per child for every minute past the 6:00 pick up time.

In conclusion, we understand that attendance at South Charlotte Baptist Academy Summer Day Camp is a privilege and not a right. This privilege may be forfeited by any student who does not conform to the standards and regulations at the school or camp. The school may dismiss any student at any time, who, in the opinion of the school, does not fit into the spirit of the school, regardless of whether or not he conforms to the specific rules and regulations of the school. **Both parent signatures are required.**

Father's or Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Mother's or Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Who is responsible for the payment of this account? \_\_\_\_\_

Address: \_\_\_\_\_

For Office Use Only				
Date Received	Paid:	Cash	Check Number _____	Amount _____