



Tri-City Christian Academy Summer Camp

2019 REGISTRATION PACKET

CONTACT INFORMATION

LAST NAME: _____

| FIRST NAME | Gender | Birthdate |
|------------|--------|-----------|
| | MF | |
| | MF | |
| | MF | |
| | MF | |

Mother's Name _____ Cell (____) _____

Address: _____ City/State/Zip _____

E-mail _____ Work (____) _____

Do/es camper(s) primarily reside with this parent? ____

Father's Name _____ Cell (____) _____

Address: _____ City/State/Zip _____

E-mail _____ Work (____) _____

Do/es camper(s) primarily reside with this parent? ____

Emergency Contact _____ Cell (____) _____

Relation _____ Work (____) _____

Doctor _____ Phone () _____

AUTHORIZED PICK-UP INFORMATION (Besides Parents)

Name _____ Relation _____ C (____) _____

Name _____ Relation _____ C (____) _____

Name _____ Relation _____ C (____) _____

LAST NAME: _____



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| FIRST NAME | M/F | AGE | Shirt Size |
|---|-----|-----|------------------------|
| 1 | | | (Youth/Adult) S M L XL |
| 2 | | | (Youth/Adult) S M L XL |
| 3 | | | (Youth/Adult) S M L XL |
| 4 | | | (Youth/Adult) S M L XL |
| 5 | | | (Youth/Adult) S M L XL |
| ONE-TIME REGISTRATION FEE: Must Be Paid At Time Of Registration To Hold Child's Place per child \$75 for 3 or more children Registration Due: \$_____ | | | \$25 |

Please make checks payable to "TCCA" memo: "Camp 2019 and the week you are paying for"
WEEKLY PAYMENTS ARE DUE THE MONDAY BEFORE YOUR CHILD ATTENDS CAMP

| Weekly (Check for entire week) (\$125 - 1 st child; \$120 - each additional child) \$55 daily rate w/ 24-hour notice | (Circle days) | # Children | Enter Rate: |
|---|---------------|------------|-------------|
| June 17 - June 21 - Barnyard Palooza | M T W TH F | | |
| June 24 - June 28 - Toy Construction | M T W TH F | | |
| July 8 - July 12 - Space is the Place | M T W TH F | | |
| July 15 - July 19 - Cooking | M T W TH F | | |
| July 22 - July 26 - Teddy Bear Adventure | M T W TH F | | |
| July 29 - August 2 - Around the World in 5 Days! | M T W TH F | | |
| August 5 - August 9 - Wild West | M T W TH F | | |
| August 12 - August 16 - STEM Week | M T W TH F | | |
| August 19 - August 23 - Bugs, Bugs, BUGS! | M T W TH F | | |
| Cancellation Fee May Be Charged | | | |
| Camp Fees Subtotal | | | |
| REGISTRATION FEE (From Above Section) | | | |
| GRAND TOTAL DUE (Add Camp and Registration Fees) | | | |

Medical Information & OTC Medication Permission Form

Student's Name: _____ Age: _____ D.O.B. _____



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Medical / Special Information:

Family Physician: _____ Phone Number: _____

Medical or special information about the student (including asthma, allergies (insect or food), behavioral issues, etc.)

Over-the-Counter Medication:

TCCA Summer Camp maintains a supply of basic over-the-counter medications (see list below) to provide for your child’s health and comfort should he or she become ill or injured at camp.

However, medications can only be given to your child with your verbal or written consent. If this is a service you would like us to provide, please check the medications below that you consider appropriate for us to give to your child should the need arise. All medications are given in age- appropriate doses. If you would like less than a normal dose, please let us know.

Fever / Pain _____ Acetaminophen (Tylenol) _____ Ibuprofen (Advil)

Stomachache / Nausea _____ Tums (antacid) _____ Allergies _____ Benadryl

My child... _____ can swallow pills _____ cannot swallow pills

I hereby give my permission for my child _____, to be given the above checked medications at school on an “as needed” basis. I understand that this permission will remain in effect for the length of time that my child is attending TCCA’s Summer Camp program. I will notify the school if I want these medications changed or discontinued. I am also aware that Benadryl is kept on hand and will be dispensed in an age appropriate dose should an apparent allergic emergency arise.

Parent Signature: _____ Date: _____

Prescription Medication Form

Campers Name: _____ Age: _____ D.O.B. _____

Parent’s Name: _____ Cell Phone: _____

Home Phone: _____ Work Phone: _____

Name of Medication: _____



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Dosage: _____ Frequency: _____ Time to be Given: _____

Storage Requirements: _____ Expected side effects, if any _____

Other instructions _____

Physician's Name _____ Office Telephone _____

Physician's Signature _____

The camp director or her designee will dispense medicine to campers per the following guidelines:

- The parent / guardian MUST complete and sign the Medication Authorization Form. Medicine cannot be given without permission and instructions from the parent / guardian.
- The parent / guardian MUST bring medicine and related equipment to the camp director or her designee. Please do not send medicine to camp by way of the camper.
- All prescription and over-the-counter medicines must be kept in the camp office. Campers must not be in possession of medicine while at camp unless approved by the camp director. Medicine will not be sent home with the camper.
- Prescription medicine must be in the original pharmacy labeled container. The label must include the camper's name, the name of the medicine, instructions for dispensing, and the doctor's name. Pharmacists can provide a duplicate labeled container with only the dosage to be given at camp.
- A new Medication Authorization Form must be completed for EACH medication, and whenever a new medicine or dosage is given to the camper.

Prescription Medication Form (cont.)

- The parent / guardian should pick up unused medicine from the camp director or her designee. Any medicine not picked up will be discarded at the end of the camp program. I confirm that I am primarily responsible for administering medication to my child. However, if I am unable to do so, or in the event of a medical emergency, I hereby authorize Tri-City Christian Academy and its employees and agents, on my behalf to administer or to attempt to administer to my child lawfully prescribed medication in the manner described above. I further acknowledge and agree that, when the lawfully prescribed medication is so administered, I waive any claims I might have against TCCA, its employees and agents arising out of the



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administration of said medication. In addition, I agree to hold harmless and indemnify TCCA, its employees and agents, from and against any and all claims, damages, causes of action, or injuries incurred or resulting from the administration or attempts at administration of said medication.

Parent / Guardian Signature: _____ Date: _____

Parent / Guardian Name (please print): _____ Date: _____

Permission to Apply Sunscreen Waiver

Name of Child _____

We request that sunscreen be applied to your child prior to them attending camp for the day. Your child's Camp Counselors will assist with applying sunscreen to bare surfaces including that face, top of the ears, and bare shoulders, arms, legs. Sunscreen will not be applied to any broken skin or if a skin reaction has been observed. Any skin reaction observed by staff will be reported to the parent/guardian. It is the parents responsibly to provide sunscreen. Camp Counselors are prohibited to apply sunscreen to your child if the sunscreen does not belong to them.



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Please check here if you do NOT want Summer Camp Staff to assist your child in applying sunscreen

Parent/Guardian Signature _____ Date: _____