

The background features several colorful geometric shapes, primarily triangles and polygons, in shades of yellow, orange, red, purple, and blue, scattered around the perimeter of the page.

CCS SPORTS CAMP

*5-12 year old
Registration
Packet*

2022



5-12 Year olds

What's Needed to Start?

- Registration Form
- Daycare "Admission Information" Form
- Physician's Report
- Payment Agreement Form
- Field Trip Policy Form
- Student Computer & Internet Use Permission Slip (4yr olds only)
- Photo Release Form
- Update Immunization Records
- Copy of Birth Certificate
- Copy of Custody Paperwork (if applicable)

Registration Fees and Weekly Rates:

Early Registration BEFORE May 1st

\$175

Includes Camp Supplies, Field Trips,
Camp T-shirt, and Snacks!

Registration AFTER May 1st

\$200

Includes Camp Supplies, Field Trips,
Camp T-shirt, and Snacks!

Weekly Rate: \$125

-Must pay on Monday for the week child is attending.

Daily Rate: \$30

-Daily Rates are due the morning of attendance.

5-12 year olds must bring their own lunch!

NOTE: Child must be designated age by June 6th (first day of camp).

Has student ever been refused admittance to or let go from any previous childcare facility? If so, why? _____

MEDICAL INFORMATION (If none apply please mark N/A and sign)

1. List any current health conditions such as heart disease, headaches, diabetes, epilepsy, allergies, asthma, eye or ear problems, or any chronic conditions, etc.: _____
2. Are there any other physical conditions or data, the knowledge of which would be helpful to the school staff in better understanding your child? _____
3. My child is allergic to _____
4. My child has a sensitivity to: _____
5. List all regular medication (including inhalers) _____

Employees of the kid's camp may administer medication to a student provided:

1. The school has received a written request to administer the medication from the parent/legal guardian.
 2. When administering prescription medication, the medication appears to be in the original container and to have an affixed prescription label with the student's name, name of drug, and the directions concerning dosage. Instructions about the duration of the medication period should be included.
 3. Non-prescription medication must be in the original container and requires a written request to administer the medication from the parent with instructions concerning dosage which must be age specific.
 4. A physician's written request to administer medication is required when the medication must be administered for more than 10 days. The student should **NOT** carry the medication with him/her or administer it to himself/herself unless specified by a physician.
- All medication is to be kept in the office. Please do not send medication in plastic baggies.

Parent or Guardian Signature _____

In case of joint custody, both signatures are required

Please read the following carefully, check, and sign the bottom.

- _____ My child, _____, has my permission to participate in all activities planned as a part of any session of the Day Camp, which includes field trips for completed 1st - 8th grades.
- _____ I understand the dress code, and the discipline policy for Community Christian Day Camp.
- _____ I hereby authorize the Day Camp Director, assistant or teacher in charge to give consent for emergency medical treatment if I, or the physician listed, cannot be reached immediately.
- _____ I hereby authorize Day Camp personnel to transport my child in Day Camp provided vehicles to off campus camp activities.

Signature _____ Relationship _____ Date _____

In case of joint custody, both signatures are required.

Signature _____ Relationship _____ Date _____

Community Christian Kid's Camp admits students of any race, color, national/ethnic origin to all rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national/race origin administration or its educational policies, and other Kid's Cam administered programs.

ADMISSION INFORMATION

Operation Name <p style="text-align: center; font-size: 1.2em;">Community Daycare</p>		Director's Name <p style="text-align: center; font-size: 1.2em;">Taryn Quinn</p>	
Child's Full Name		Child's Date of Birth	Child's Home Telephone No.
Child's Home Address			
Date of Admission	Date of Withdrawal		
Parent's or Guardian's Name		Address (if different from child's address)	
List telephone numbers below where parents/guardian may be reached while child will be in care:			
Mother's Telephone No.	Father's Telephone No.	Guardian's Telephone No.	Cell Phone No
Give the name, address and phone number of person to call in case of an emergency if parents / guardian cannot be reached:			Relationship
I hereby authorize the childcare operation to allow my child to leave the childcare operation ONLY with the following persons. Please list name & telephone number for each. Children will only be released to a parent or a person designated by the parent/guardian after verification of ID.			

CHECK ALL THAT APPLY: I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give – consent for my child to be transported and supervised by the operation's employees:			
1. <input type="checkbox"/> TRANSPORTATION:			
<input type="checkbox"/> Walk home <input type="checkbox"/> for emergency care <input type="checkbox"/> on field trips <input type="checkbox"/> to and from home <input type="checkbox"/> to and from school			
2. <input type="checkbox"/> FIELD TRIPS: I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give – my consent for my child to participate in Field Trips:			
Parent's Comments:			
3. <input type="checkbox"/> WATER ACTIVITIES: I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give – my consent for my child to participate in Water Activities:			
<input type="checkbox"/> sprinkler play <input type="checkbox"/> splashing/wading pools <input type="checkbox"/> swimming pools <input type="checkbox"/> water table play			
4. <input type="checkbox"/> RECEIPT OF WRITTEN OPERATIONAL POLICIES:			
I acknowledge receipt of the facility's operational policies including those for discipline and guidance.			
5. I UNDERSTAND THAT THE FOLLOWING MEALS WILL BE SERVED TO MY CHILD WHILE IN CARE:			
<input type="checkbox"/> None <input type="checkbox"/> Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Evening Snack			
6. MY CHILD IS NORMALLY IN CARE ON THE FOLLOWING DAYS AND TIMES:			
<input type="checkbox"/> Mondays	from:	to:	
<input type="checkbox"/> Tuesdays	from:	to:	
<input type="checkbox"/> Wednesdays	from:	to:	
<input type="checkbox"/> Thursdays	from:	to:	
<input type="checkbox"/> Fridays	from:	to:	
<input type="checkbox"/> Saturdays	from:	to:	
<input type="checkbox"/> Sundays	from:	to:	

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:		
In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:		
Name of Physician:	Address:	Ph.#:
Name of Emergency Medical Care Facility:	Address:	Ph.#:
I give consent for the facility to secure any and all necessary emergency medical care for my child.		
_____ Signature - Parent or Legal Guardian		

List any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which caregiver's should be aware of:

Child daycare operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. If you believe that such an operation may be practicing discrimination in violation of Title III, you may call the ADA Information Line at (800) 514-0301 (voice) or (800)-514-0383 (TTY).

Signature – Parent or Legal Guardian

Date



2022 Physician's Report

Child's name: _____ DOB _____
has applied for admission in Community Christian Preschool. The daily activities include vigorous outdoor play. Please provide a report on the above-named child using the form below.

The above-named child is/is not physically and emotionally able to participate in the program described above.

Comments:

Physician's Name

Physician's Signature

Physician's Address

Physician's Phone #

Date



Community Christian Preschool

Photo Release

I hereby authorize and give full consent to Community Christian School to publish and copyright all photographs in which my child appears while enrolled as a student in any and all programs of Community Christian School. I further agree that Community Christian School may transfer or use these photographs in school brochures, newsletters, advertising, posters, displays, slide shows, videotapes, catalogs, CD-ROMs, and like publications, literature, or materials without limitations or reservations.

Additionally, I agree that use of a photograph or photographs does not constitute in any manner a waiver of Community Christian School policies, program, or rules, nor does continued use constitute and agreement to continue the child's enrollment.

I am the parent and/or guardian of _____
and certify I am authorized to execute this Photo Release.

Printed Name _____

Signature _____ Date _____

Relationship to child _____

Witnessed by _____



Student Computer & Internet Use Permission Slip

Student Name: _____ Grade/Age: _____
(As of June 1, 2020)

Community Christian School recognizes the fundamental role technology plays in the 21st Century, as well as supports and encourages the appropriate and responsible use of technology in student learning. Community Christian School will take reasonable measures to protect students and ensure that technology use aligns with educational objectives.

The current policy, including rules and regulations can be found in our handbook online at www.ccsorange.org or may be obtained at the school.

It is the responsibility of the student and parent/guardian to understand the current policy.

By signing below, I acknowledge I have read and reviewed with my student the rules and regulations associated with the Community Christian School Technology Policy. Furthermore, I acknowledge these rules and regulations apply to both school and personal devices while on school property.

Parent/Guardian Signature

Date

As the parent/guardian of the student,

I DO

I DO NOT

give permission for my child to use the Community Christian School network in all the following ways: Internet services, Student Email, Google docs, and other services. This permission shall remain in effect unless changed explicitly by a guardian.

Parent/Guardian Signature

Date



Field Trip Policy

5-13 year olds

In order to take campers off campus, they are require to obey the teachers while on campus. Any camper who is disrespectful or disobedient to authority on campus will not be allowed to go off campus for field trips.

The following 3-step procedure applies for all Field Trips:

1. The teacher will 1st verbally redirect and handle the problem privately with the child, not ion front of the class.
2. If a camper's behavior continues, the teacher will send home a written notification informing the parents of the child's behavior.
3. If a camper's behavior is unchanged or increases, the second written notification will inform the parents that the camper will not be able to attend the next field trip.

As the parent/guardian of _____, I have read and do agree to all the terms of the Field Trip Policy.

I, the parent/guardian _____, allows my child, _____ to attend field trips off campus and ride the camp school bus.

Parent Name

Date

Parent Signature

Date



COMMUNITY CHRISTIAN PRESCHOOL/DAYCARE
2022 Tuition Fees & Payment Agreement

The following document details the terms and conditions for the payment of all fees and financial obligations to Community Christian Preschool by its students and their parents (sponsors) for the 2022 Summer Sports Camp. This contract must be signed by the person who is responsible for payments. All fees and obligations are to be paid on a timely basis.

The following is a list of fees and specific payment dates. This list does not include all fees and obligations. Students will be notified of other expenses as they occur.

REGISTRATION FEE: The registration fee is non-refundable and non-transferable. The registration fee is due with registration papers before a camper is officially enrolled in CCS Summer Sports Camp. The registration fee and registration papers must be submitted to secure your child's spot in our program. This applies to new campers and returning campers.

SUMMER SPORTS CAMP TUITION: Tuition is a weekly fee payable as outlined below.

- 1. Starting June 6, 2022 tuition payments will be due on a weekly basis.
2. If camper is attending on a weekly basis tuition payment is due at the first of the week on Monday at drop off for the camper to attend. If camper is attending on a daily basis, payment is due at drop off on the day the camper attends. NO EXCEPTIONS.
3. WEEKLY AND DAILY PAYMENTS ARE NON-REFUNDABLE! If you pay the weekly tuition rate and the camper does not attend the whole week, you do not get refunded for the days that the camper did not attend. The payment also does not carry over for the next week the camper attends. If you chose to pay a daily rate ahead of time, you will not receive a refund if the camper does not attend all the days paid for.
4. You are not allowed to drop your camper off without payment for attendance.
5. 5-13year old campers must have a t-shirt to attend field trips. If your camper misplaces their shirt, they will have to purchase another one to attend any field trip.

Summer Sports Camp Registration Fee:

Table with 2 columns: Age/Date and Fee. Rows include 18months-4years old Before May 1, 2022 (\$100), 18monthsh-4years old After May 1, 2022 (\$125), 5-13years old Before May 1, 2022 (\$175), 5-13years old After May 1, 2022 (\$200).

Summer Sports Camp Weekly Tuition Fee:

Table with 2 columns: Age/Hours/Day and Fee. Row: 18 months-13years old, Hours: 6:45AM-6:00PM, Monday-Friday (\$125).

Summer Sports Camp Daily Tuition Fee:

Table with 2 columns: Age/Hours/Day and Fee. Row: 18 months-13years old, Hours: 6:45AM-6:00PM, Monday-Friday (\$30).

Summer Sports Camp Late Pick-up Fee:

\$10 charge for every 5 minutes
Example: 6:00pm-6:05pm is \$10, 6:06pm-6:10pm is \$20, 6:11pm-6:15 is \$30

Childcare fees are subject to change based on unforeseen changes in cost of childcare services.

I have read this Fees and Payment Agreement and understand and agree to the terms and conditions. I understand that my decision to enroll my child has influenced decisions made by the school for summer sports camp. I understand that tuition and daycare fees may increase between the date this agreement is signed and my start date. In the event fees change, I agree to pay the new tuition fees or forfeit my child's spot at CCS Summer Sports Camp. My commitment has resulted in the school making financial commitments to the school staff, vendors, service providers, and others. I understand that all payments are non-refundable, non-negotiable, and non-transferable.

Parent or Guardian's Signature Student's Name/Grade Date
(Person signing contract is responsible for the bill)