

# Conquerors for Christ

## Summer Care Registration Form

**Where:** Jacksonville Christian Academy ~ 919 Gum Branch Road, Jacksonville, NC 28540

Phone: 910-347-2358 ~ Fax: 910-347-3138

**When:** May 28<sup>th</sup> (K4-K5) and June 4<sup>th</sup> (1<sup>st</sup> grade – 6<sup>th</sup> grade) ~ *Until* School Resumes

**Cost:** \$25 *nonrefundable* registration fee

\$95 per week, per child OR a drop-in daily rate of \$25 per child

**Director:** Michelle Ray ~ Please contact her at 910-340-5360 if you have any questions. ☺

## Summer Contract

**Please initial the following:**

1. \_\_\_\_ I agree to follow the summer camp dress code.

Boys: Knee length shorts, pants, T-shirt (no muscle shirt), and appropriate footwear i.e. Sandals, flip flops, tennis shoes. Sock do not have to be worn unless with tennis shoes.

Girls: Knee length shorts, pants, Capri pants, skirts, or dresses, T-shirts (sleeveless is fine, but no tank tops or spaghetti straps), and appropriate footwear i.e. Sandals, flip flops, tennis shoes. Socks do not have to be worn unless with tennis shoes.

2. \_\_\_\_ I will provide a lunch and two snacks (including beverages). A water bottle is needed for daily, outside use.

3. \_\_\_\_ **I understand that I may take 1 week of vacation and not have to pay my weekly fee, but I must give a 2 week's notice prior to my vacation or I will have to pay the regularly weekly fee.**

4. \_\_\_\_ The JCA handbook regulations will be followed. The school's handbook is located on the website.

5. \_\_\_\_ **A two week notice must given in the event you no longer need Conquerors for Christ services.**

6. \_\_\_\_ I understand the \$25 Registration fee is non-refundable.

7. \_\_\_\_ I agree to take any personal concerns to the Conquerors for Christ director, Mrs. Michelle Ray.

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**\*\*To register, please fill out and return this form to the school office along with the \$25 registration fee.\*\***

Child's name _____	Will be in _____ grade    Age _____
Child's name _____	Will be in _____ grade    Age _____
Address _____	Home # _____
Mother's name _____	Cell # _____
Mother's Employer _____	Work # _____
Dad's name _____	Cell # _____
Dad's Employer _____	Work # _____
List ALL allergies, medical conditions, and/or prescribed medication you child is currently taking. _____	

Start Date \_\_\_\_\_ Vacation Date \_\_\_\_\_ (Circle one) Weekly Fee *or* Drop-in Rate

Emergency Contact (other than parents listed above) \_\_\_\_\_ Relationship \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

List the people who may pick up your child from Summer Camp. \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_