

Conquerors for Christ Summer Camp Registration Form

Director Michelle Ray (910)340-5360

Where: Jacksonville Christian Academy

919 Gum Branch Rd. Jacksonville, NC 28540

When: May 30th – August 12th (K4&K5), June 6th – August 12th (1st grade and up)

Time: 6:30 am – 5:30 pm

Summer Contract

Please initial the following :

1. _____ I agree to follow the summer camp dress code.

Boys: Knee length shorts, pants, T-shirts (no muscle shirts)

Girls: Knee Length shorts, capri pants, knee length skirts or dresses, T-shirts (no spaghetti straps)

*On water Days children **must** wear conqueror t-shirts and shorts over their bathing suits.

2. _____ I will provide a lunch and water bottle and two snacks per day for my child.

3. _____ I understand that I may take 1 week Vacation and not have to pay the weekly fee, but I **must give a two week notice.**

4. _____ I understand that I have to pay the weekly fee regardless of how many days my child attends summer camp because I am paying to hold my child's spot. Unless I sign my child up for drop-in care.

5. _____ K4 & K5 Sumer camp is 11 weeks. In order to qualify for the **\$105** weekly rate, you must commit to paying **\$105** for 10 weeks. You are allowed a week of vacation. K4 & K5 Summer Camp will cost **\$1,050**. For Campers in the 1st grade and up, Summer Camp is 10 weeks. You are allowed one week of vacation. Weekly rate is **\$105**. The cost with a week of vacation included is **\$945**. There is also a non-refundable **\$25** Registration Fee , per child. Late Pick up fee is **\$1** every minute after 5:30 pm.

6. _____ Weekly fee is due on Monday each week. On Wednesday, a **\$10** late fee will be added, if not paid. **Monday July 4th, Summer Camp is CLOSED. PAYMENT IS STILL DUE.**

7. _____ I agree to take any personal concerns to the Conquerors for Christ Director, Michelle Ray.

8. _____ I will be paying the **\$105/\$1,050/\$945 weekly/monthly** fee.

9. _____ I will be paying the **\$35 drop-in** fee.

10. _____ I understand I must purchase 2 summer camp shirts for **\$20** for Field Trip Days per child.

Contact Info

Child's Name: _____ Will be in: _____ Grade Age: _____
Child's Name: _____ Will be in: _____ Grade Age: _____
Address: _____
Mother's Name: _____ Cell: _____
Mother's Employer: _____ Work: _____
Father's Name: _____ Cell: _____
Father's Employer: _____ Work: _____

List ALL Allergies, medical conditions, and or prescribed medications your child is currently taking

Emergency Contact (other than parents listed above). Relationship: _____
Home: _____ Cell: _____
Work: _____

List people who may pick your child up from summer camp

My child/children's start date: _____

Vacation Date: _____

To register, please fill out form and return it to 919 Gum Branch Rd to the school office along with the **\$25** non refundable registration fee and a copy of your child's latest shot record. If you have any questions, please contact Michelle Ray at (910) 340-5360.