

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 10th

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, no leggings for pants)**

***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. _____ Summer Camp is 10 weeks and 3 days long. You are allowed one week of vacation. Weekly rate is \$105. The cost with a week of vacation included is \$945. August 7th, 8th, 9th will be drop-in days. So, a \$35 drop-in daily fee is required for those days. There is also a non-refundable \$35 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, May 29th, Summer Camp will be CLOSED. Tuesday 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 weekly 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)

Name: _____ Relationship: _____

Cell #: _____ Home#: _____ Work#: _____

List people who may pick your child up from summer camp:

1. _____ 2. _____

3. _____ 4. _____

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 \$35 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.