

New Braunfels Christian Academy

2018 Summer Enrichment Camp Enrollment Agreement

Name of Student _____ Birth Date _____ Age _____

Email Address: _____ Shirt size: _____

Summer Camp Tuition Rates

Tuition will be paid monthly for the weeks you request, payment will be due June 4th for June and July 9th for July.

\$125 for 3 days

\$150 for Full Week

Registration Fee (non-refundable): \$100 first child, \$75 each additional child, T-shirt included in registration.

To ensure a space for your child, select the weeks and number of days needed. You will be responsible for payment of all weeks that you sign up for on this sheet, unless you have spoken with the director to make a change to this document. All fees are non-refundable so it is important to notify the director of any changes. _____ Parent Initials

	3 Days	Full Week	Hours of camp: 8:00 am to 5:00 pm
Week 1			June 4-8
Week 2			June 11-15
Week 3			June 18-22
Week 4			July 9-13
Week 5			July 16-20
Week 6			July 23-27

There will also be a \$25 late fee for each day that your child is picked up after 5:00 pm. _____ Parent Initials

Multiple child discount of \$10 off base weekly fee for each additional child.

Registration Fee and First Week Tuition are due at the time agreement is turned in to the school. Balance of the month will be due by June 4th or July 9th.

By signing below I agree with the financial policies as stated on this page.

_____ Date: _____

Signature of Parent or Guardian financially responsible

ADMISSION INFORMATION

SCHOOL AGE CHILDREN:

My child attends the following school:

Name of School and Address School Ph.#

CHECK ALL THAT APPLY:

His / her immunization record is on file at the school and all required immunizations and/or tuberculosis test are current. Vision and Hearing screening records are also on file.

My child has permission to: walk to or from school or home, ride a bus, and/or be released to the care of his/her sibling(s) under 18 years old.

Name of sibling(s): _____

IMMUNIZATION RECORD:

I have provided the childcare operation with a copy of my child's most current immunization record.

Only if not in a school currently.

ADMISSION REQUIREMENT: If your child does not attend pre-kindergarten or school away from the child-care operation, one of the following must be presented when your child is admitted to the child-care operation or within one week of admission. Please check only one option:

1. **HEALTH-CARE PROFESSIONAL'S STATEMENT:** I have examined the above named child within the past year and find that he / she is able to take part in the day care program.

Health Care Professional's Signature Date

2. A signed and dated copy of a health care professional's statement is attached.

3. Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of; I have attached a signed and dated affidavit stating this.

4. My child has been examined within the past year by a health care professional and is able to participate in the day care program. Within 12 months of admission, I will obtain a health care professional's signed statement and will submit it to the child-care operation.

Name and address of health care professional: _____

Signature - Parent or Legal Guardian Date

	R 20/ _____	L 20/ _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
SIGNATURE _____	DATE _____		
	1000 Hz	2000 Hz	4000 Hz
R			
L			
	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL		
SIGNATURE _____	DATE _____		

Signature - Parent or Legal Guardian Date

EMERGENCY INFORMATION

Student's Name: _____

First Phone # to Call: _____ **Birth Date:** _____

Address: _____

Parents/ Guardians: _____ **Home Phone #:** _____

Mother's Mobile#: _____ **Work#:** _____

Father's Mobile #: _____ **Work#:** _____

Physician's Name: _____ **Phone#:** _____

Names of people to call in case of an emergency if parents/ guardians cannot be reached:

1. _____ **Phone#:** _____

2. _____ **Phone#:** _____

3. _____ **Phone#:** _____

I give permission for the following people to pick up my child from New Braunfels Christian Academy:

1. _____ **Phone#:** _____

2. _____ **Phone#:** _____

3. _____ **Phone#:** _____

4. _____ **Phone#:** _____

5. _____ **Phone#:** _____

Parent/Guardian Signature

Date: _____

New Braunfels Christian Academy Camp Code of Conduct

All Students and parents are required to read the CAMP CODE OF CONDUCT and sign a statement agreeing to abide by its requirements for admission. The CAMP CODE OF CONDUCT applies to conduct on camp premises and at all camp functions. Failure to follow camp policy will be grounds for disciplinary action.

The Camp Code of Conduct requires students to follow all SUMMER CAMP AND SUMMER ADVENTURE CAMP rules including the following:

1. Camper should show respect, courtesy, and politeness towards everyone.
2. Camper must listen to and follow instructions.
3. The classroom must be kept clean.
4. Events away from the camp require a camper to show respect for authority and the rights of others. (Field trips and swimming)
5. Campers need to ask camp staff to assist them with difficulties.

The Camp Code of Conduct prohibits New Braunfels Christian Academy campers from the following (under no circumstances will any of these be tolerated):

1. Profanity, obscene or suggestive language or gestures
2. Willful destruction of property or littering
3. Fighting
4. Rebellious attitudes
5. Disrespect for staff members
6. Leaving school campus without permission
7. Leaving their group without permission on field trips
8. Theft or breaking and entering
9. Harassing another student
10. Being in an unauthorized area or building on the campus
11. Conduct which would be harmful to the Christian development of the camper as well as other campers in the school
12. Possession or use of illegal items, alcohol, tobacco products, drugs, weapons, also the use of pocket knives, etc...
13. Wearing an extreme hair cut or wearing abnormal hair coloring
14. Girls will not wear earrings any where on their body except their ear lobes
15. Boys will not wear earrings
16. The use of cell phones is prohibited

- ❖ **I have read and understand the above Camp Code Of Conduct and will do my best to uphold this standard in my behavior and actions.**
- ❖ **I also agree to abide by the rules and realize that willful disregard for the rules and standards of New Braunfels Christian Academy may result in the suspension or being asked to withdraw from the Summer Camp.**

Student Signature

Date

Parent Signature

Date

New Braunfels Christian Academy

Summer Camp

Web Site/Picture Permission Form

I _____, Parent of _____ give
permission for the release of pictures of my child to be used for the Summer Camp
Program at NBCA. I understand that these pictures will be used for advertising and camp
use only and I waive all liability from the Summer Camp Program of NBCA.

Parent Signature

Date



Comal County
Office of Public Health

Tuberculosis (TB) Screening Form

Name: _____ DOB: _____ Date: _____

Circle the answer yes or no to the questions; if any answer is yes, give the approximate date the symptoms started and whether or not you still have them.

Have you had any of the following symptoms in the past year?

- 1. Productive & prolonged cough for 3 weeks or more No Yes Date _____
- 2. Persistent weight loss without dieting No Yes Date _____
- 3. Night sweats No Yes Date _____
- 4. Coughing up blood No Yes Date _____
- 5. Fever of long duration No Yes Date _____
- 6. Close (in a small area [car] for 6-8 hours) and recent contact with someone with infectious TB No Yes Date _____
- 7. Have you recently moved (last 5 years) to the US from Mexico, Latin America, Caribbean, Africa, Eastern Europe or Asia? No Yes Date _____
Country _____
- 8. Have you traveled (substantial contact/ lived with resident populations) from Mexico, Latin America, Caribbean, Africa, Eastern Europe or Asia for more than 3 weeks? No Yes Date _____
Country _____ How Long? _____
- 9. Have you lived with someone that is considered at a high risk for TB (an intravenous drug user, HIV infected, former prisoner)? No Yes Date _____

Other information if not listed on immunization record:

- Positive TB skin test anytime in the past No Yes Date _____
- History of treatment of TB infection or disease
Medication _____ No Yes Date _____
Medication taken for _____ months

Signature _____

Nurse/Healthcare Worker _____

Date: _____ Refer to Primary Care Provider for evaluation _____

Date: _____ Refer for Tuberculin Skin Test _____

Maintain original on file.

Revised 5/08