

# IMMANUEL LUTHERAN CHRISTIAN ACADEMY SUMMER DAY CAMP PROGRAM 2019

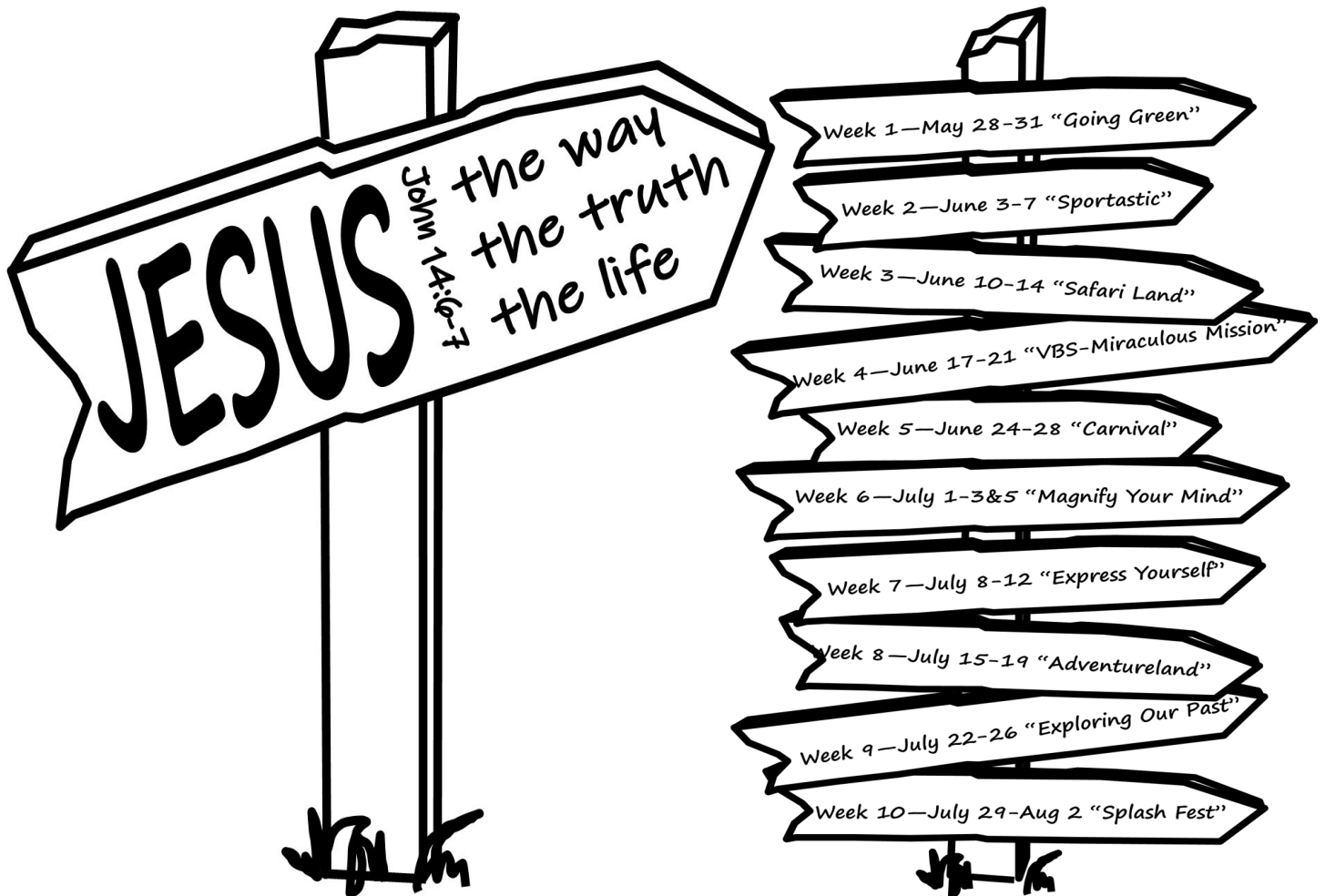
**\$175/week**

Day Camp Program

for students currently in  
Kindergarten through 6th Grade!

8:30a-3:45p

(FREE Pre-camp & Post-camp care)



Jesus answered, "I am the way and the truth and the life. No one comes to the Father except through me. If you really know me, you will know my Father as well. From now on, you do know Him and have seen Him." John 14:6-7

**Weekly rate only, no partial or daily rates. Includes field trips. Sibling discounts available.**

## What makes the ILCA Summer Day Camp Program Unique?

- Camp begins promptly at 8:30am each morning with devotions.
- Learning NEVER stops, so there are plenty of opportunities each day for young minds to grow!
- FREE Pre-camp and Post-camp care to accommodate busy work schedules.
- Field Trips occur Tuesday, Wednesday, and Thursday. They include theme related activities off-campus, swimming at the city pool, playing at splash pads and area parks, and age-appropriate service projects.
- Occasionally, inclement weather will necessitate the cancellation of outside activities and/or trips. Our staff plans for these with fun indoor games, movie days, and other fun activities.
- Staff is First Aid and CPR certified.

*What does a summer day at ILCA look like?*

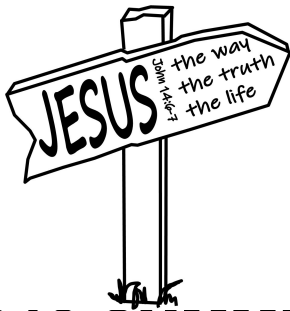


*While there is rarely a “normal” day of Camp . . .*

<i>7-8:30a</i>	<i>Pre-camp</i>
<i>8:30a</i>	<i>Opening Devotions</i>
<i>9-11:00a</i>	<i>Camp Activities</i>
<i>11:00a</i>	<i>Recess</i>
<i>11:30a</i>	<i>Lunch</i>
<i>12:00p</i>	<i>Quiet Reading</i>
<i>12:30-3:30p</i>	<i>Field Trips</i>
<i>3:30p</i>	<i>Closing</i>
<i>3:45-6:00p</i>	<i>Post-camp</i>

## What about older students?

- Students currently in grades 7 and 8 may apply to be a Camper-in-Transition (C.I.T.).
- Responsibilities include helping with opening devotions and closing, setting up for lunch, being a good role model, and working with groups.
- C.I.T.s receive a discounted rate.
- Please contact us for an application packet.



# 2019 SUMMER REGISTRATION

*Our mission is to promote the total development of children: spiritual, emotional, physical, social and intellectual. We are dedicated to excellence in an environment that is informal and personal for all that take part. Every child is valued as a child of God, and we seek to introduce everyone to the joys of knowing His love in Jesus Christ.*

Student's Legal Name (Last, First) \_\_\_\_\_  
 Preferred First Name (if different than above) \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ T-Shirt Size \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_  
 Telephone Number \_\_\_\_\_ Current Grade \_\_\_\_\_

Father/Guardian \_\_\_\_\_ SSN \_\_\_\_\_  
 Legal Guardian? Yes No Does student live with this parent? Yes No

Address (if different) \_\_\_\_\_  
 Employer \_\_\_\_\_ Position \_\_\_\_\_  
 Work Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

Mother/Guardian \_\_\_\_\_ SSN \_\_\_\_\_  
 Legal Guardian? Yes No Does student live with this parent? Yes No

Address (if different) \_\_\_\_\_  
 Employer \_\_\_\_\_ Position \_\_\_\_\_  
 Work Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

Legal Restrictions, if any (please provide legal documentation to school) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Enrollment Fee: \$75/student Non-refundable

7:00am—6:00pm .....\$175/week  
 (ILCA's Summer Day Camp Program runs from 8:30am—3:45pm with before and after care included at no additional cost. **Students picked up after 6:00pm will be charged a \$1/minute late fee.**)

Sibling Discount:  
 10% discount for second enrolled sibling (\$157.50/week).  
 20% discount for third enrolled sibling (\$140/week).

Please select from the following program options (select all that apply):

<input type="radio"/>	Week 1 - May 28-31	Going Green
<input type="radio"/>	Week 2 - June 3-7	Sportastic
<input type="radio"/>	Week 3 - June 10-14	Safari Land
<input type="radio"/>	Week 4 - June 17-21	VBS—Miraculous Mission
<input type="radio"/>	Week 5 - June 24-28	Carnival
<input type="radio"/>	Week 6 - July 1-3 & 5	Magnify Your Mind
<input type="radio"/>	Week 7 - July 8-12	Express Yourself
<input type="radio"/>	Week 8 - July 15-19	Adventureland
<input type="radio"/>	Week 9 - July 22-26	Exploring Our Past
<input type="radio"/>	Week 10 - July 29-Aug 2	Splash Fest

*All campers will need to bring a backpack with the following **EVERY** day:*

- **Lunch**
- **Water bottle**
- Towel
- Sunscreen
- Insect repellent
- Bathing suit
- Change of clothes
- Sunglasses/hat (optional but recommended)

*(Please mark everything with your camper's name!)*

**Cancellations must be received in writing at least 14 days prior to the start of the program week or you will be charged in full for the week. The cancellation policy is based on when we receive written notification. We do not prorate weeks for missed days (planned or unplanned) as we base space availability on enrollment.**

*Please initial*

EMERGENCY AUTHORIZATION AND CONSENT: I/We the undersigned parent(s) or legal guardian of the minor(s) listed:

\_\_\_\_\_ Minor's name \_\_\_\_\_ Minor's name \_\_\_\_\_ Minor's name

do hereby give authorization/consent for medical treatment. In the event my child becomes ill or injured at Immanuel Lutheran Christian Academy, or during an Immanuel Lutheran Christian Academy related activity or field trip, Immanuel Lutheran Christian Academy is authorized to take one or more of the following actions; a) provide first aid; In the event I cannot be reached, b) release my child to the person listed below, c) take my child to the physician or call the physician indicated, or d) take my child to a hospital and/or give consent for emergency care.

Emergency contact:

Name \_\_\_\_\_ Relation \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Doctor \_\_\_\_\_ Office Address \_\_\_\_\_ Phone \_\_\_\_\_

Please indicate any significant health history that requires special attention \_\_\_\_\_

PLEASE LIST ALLERGIES: \_\_\_\_\_

RELEASE OF LIABILITY: I hereby certify my child(ren) is/are in good health and may participate in all activities. I acknowledge that camp activities involve inherent risk of physical injury and assume all risks. I hereby release Immanuel Lutheran Church, Immanuel Lutheran Christian Academy, their staff, students or volunteers of an and all claims, demands, rights and causes of action, arising from and by reason of any and all known and unknown, foreseen and unforeseen bodily and personal injuries, damage to property and the consequence thereof, resulting from participation in or in any way connected with the above named activity.

FIELD TRIP RELEASE: My child(ren) has/have permission to attend any and all **field trips** associated Immanuel Lutheran Christian Academy Summer Day Camp Program in which he/she is enrolled in for the summer of 2019.

PUBLIC RELATIONS RELEASE: I hereby permit Immanuel Lutheran Christian Academy to use, in whole or in part, photographs, videos, written extractions and voice recordings of my child(ren) for the purpose of illustrations, publications and media relations.

AUTHORIZED TO PICK UP: List people, other than parents and emergency contacts, authorized to pick your child(ren) up:

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Work# \_\_\_\_\_ Cell \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Work# \_\_\_\_\_ Cell \_\_\_\_\_

Please check the boxes below if any of these statements are true and explain on a separate page. This student has:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Exhibited learning disabilities       | <input type="checkbox"/> Physical handicaps    | <input type="checkbox"/> Physical difficulties  |
| <input type="checkbox"/> Been diagnosed as learning disabled   | <input type="checkbox"/> Been under medication | <input type="checkbox"/> Emotional difficulties |
| <input type="checkbox"/> Been tested for a learning disability |  |   |

**DECLARATION: I affirm that all the information contained in this application is true and accurate to the best of my knowledge. I understand that providing false information could be reason for rejection of this application. I also understand that I may be asked to provide additional written information if necessary.**

Father/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Mother/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

**NOTICE OF NONDISCRIMINATORY POLICY AS TO STUDENTS**

Immanuel Lutheran Christian Academy admits students of any race, color, national and 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 and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.