

# Southern Cape Christian School Summer Camp Registration

STUDENT'S LAST NAME  
(PRINT)

FAMILY'S LAST NAME

IF DIFFERENT THAN  
CHILD'S NAME

**OFFICIAL USE-CAMP DIRECTOR ONLY**

	AMOUNT	CK# /CASH	DATE REC'D	INT.
<b>REG. FEE</b> \$				
<b>WEEK 1</b> \$				
<b>AMT. PD.</b> \$				
(beyond week 1)				
<b>PD IN FULL</b> \$				

**A. Family Information**

Home Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_

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

Email \_\_\_\_\_

Father's Name \_\_\_\_\_

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

Email \_\_\_\_\_

**Mailing address:**

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Township \_\_\_\_\_

**Custody:**

Both parents \_\_\_\_\_ Mother only \_\_\_\_\_ Father only \_\_\_\_\_

Legal Guardian(s) \_\_\_\_\_ Grandparent(s) \_\_\_\_\_

**You must provide legal documentation for any custody issues.**

**Marital status**

Married \_\_\_\_\_ Widowed \_\_\_\_\_ Single \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_

Last school children attended: \_\_\_\_\_

**Please list children that you are registering:**

NAME	NICKNAME	GRADE	M/F	DOB
1. _____	_____	_____	M/F	___/___/___
2. _____	_____	_____	M/F	___/___/___
3. _____	_____	_____	M/F	___/___/___
4. _____	_____	_____	M/F	___/___/___

**Emergency Contact Information**

CONTACT MUST BE SOMEONE OTHER THAN PARENT

Print Name \_\_\_\_\_

Relationship to child \_\_\_\_\_

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

**Medical Information**

Physician's Name \_\_\_\_\_

Office Phone # \_\_\_\_\_

Restrictions \_\_\_\_\_

Allergies \_\_\_\_\_

Insurance Information \_\_\_\_\_

**Has/have permission to pick up my child(ren)**

1. \_\_\_\_\_  
Contact # \_\_\_\_\_
2. \_\_\_\_\_  
Contact# \_\_\_\_\_
3. \_\_\_\_\_  
Contact # \_\_\_\_\_

**Parents/Guardians:** By signing the registration papers, you are committing your child/children for the 10-week summer program. You are responsible for the weekly payments, whether or not your child is present. If you have a vacation planned, we must have 2 weeks written notice in advance to [JLQuirk@SouthernCapeCS.com](mailto:JLQuirk@SouthernCapeCS.com). A 1-week vacation is exempt from payment only if you are scheduled for the full 10 weeks. If you are not planning on attending the full 10 weeks, you must inform us when you submit your paperwork.

**Parent/Guardian Signature:** \_\_\_\_\_

Does your child have an: \_\_\_\_\_ 504 plan \_\_\_\_\_ IEP \_\_\_\_\_ Behavioral Plan

Please provide a copy of documentation with this application



# SOUTHERN CAPE CHRISTIAN SCHOOL

Dear Parents,

Thank you for your interest in Southern Cape Christian School's Summer Camp. Children, infant through 12 years are eligible to attend. Space is limited. Full time spaces will be filled first. Registrations are on a first come, first served basis. Camp runs from June 17, 2026, until August 28, 2026 (10 weeks). The center will be closed on Friday, July 4, 2026.

**Your camp registration is not complete until all of these are finalized:**

1. Completed Camp Registration forms
2. \$75.00 Registration Fee per child (non-refundable)
3. The first week's tuition (non-refundable)
4. An updated copy of your child's immunization record (if your child is not already attending school)
5. Universal Health Form (if your child is not already attending school)
6. A copy of the Birth Certificate (unless you provided one for camp 2024)
7. Completed Health / Medical Release form for all campers
8. A signed Photo/Video release form
9. Documentation for 504 plan, IEP and/or Behavioral plan
10. Legal documentation for custody issues
11. Signed acknowledgement of receiving the Parent Handbook
- 12. The Camp Director will e-mail you to confirm registration completion. Registration Is not guaranteed until you receive the email.**

Please make checks **payable to SCCS** (Southern Cape Christian School). Tuition is due by Friday for the upcoming week. If accounts are not current on Friday by 2:30pm, a \$35 late fee will be charged. Accounts that are more than 2 weeks in arrears constitute grounds for expulsion.

**I agree to pay: (check one)**

Infant - 17 months	\$350.00 per week for 5 full days
18 months-29 months	\$300.00 per week for 5 full days
30 months to 59 months	\$260.00 per week for 5 full days
_____ 5 years-12 years old	\$230.00 per week for 5 full days

**NOTE: This is only an application for Summer Camp. If you are interested in enrolling for the school year please inquire about that process. Enrollment in Summer Camp does not guarantee you a place in the ELC during the school year.**

Camper's name(s) \_\_\_\_\_

Drop Off Time: \_\_\_\_\_ Pick Up Time: \_\_\_\_\_

Will you be applying for State Subsidy? Yes \_\_\_\_\_ No \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

OFFICE USE ONLY - Date Submitted Complete Registration Packet: \_\_\_\_\_



# SOUTHERN CAPE CHRISTIAN SCHOOL

## HEALTH UPDATE AND MEDICAL RELEASE

YEAR: \_\_\_\_\_

Child's Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Parent / Guardian Name and Phone #: \_\_\_\_\_

Emergency Contact Name and Phone #: \_\_\_\_\_

Physician's Name and Phone #: \_\_\_\_\_

Date of most recent tetanus shot: \_\_\_\_\_

- My child is in good health and can participate in normal activities and has NO conditions or special needs that require special attention.
- My child can participate in normal activities, but has conditions or special needs that require special accommodations (attach a separate sheet)

Hearing problems: Yes \_\_\_ No \_\_\_ If yes, explain: \_\_\_\_\_ Hearing device: \_\_\_\_\_

Vision problems: Glasses: Yes \_\_\_ No \_\_\_ Reading only \_\_\_ Must wear all day \_\_\_\_\_

Other: \_\_\_\_\_

**Allergy** to a specific drug, food, animal, seasonal: \_\_\_\_\_

Reaction: \_\_\_\_\_ Treatment: \_\_\_\_\_

**Asthma:** Yes \_\_\_\_\_ No \_\_\_\_\_ Inhaler or nebulizer at school: Yes \_\_\_\_\_ No: \_\_\_\_\_

*If an Epi-Pen or an inhaler is required, it will be kept with your child's teacher and will go wherever your child goes during the day. A nebulizer with the attachments will be kept in the office with the prescribed medication.*

**Diabetes:** Yes \_\_\_\_\_ No \_\_\_\_\_ Insulin required: Yes \_\_\_ No \_\_\_ Injection \_\_\_ Pump \_\_\_\_\_

If yes, does your child know how to administer the insulin? Yes \_\_\_ No \_\_\_ Needs help \_\_\_\_\_

**Diagnosed ADD or ADHD:** Yes \_\_\_ No \_\_\_ Medication: Yes \_\_\_ No \_\_\_ (list below)\*\*

**Diagnosed ASD (Autism Spectrum Disorder):** Yes \_\_\_ No \_\_\_ Medication: Yes \_\_\_ No \_\_\_ (list below)\*\*

\*\*List any prescribed medication taken daily and why: \_\_\_\_\_

If a prescription medication must be administered during school or camp hours, we must have the prescription with instructions and an order from the prescribing doctor. We must have our own container. We cannot send medicine back and forth from your home to our facility.

**Students, during the school year, 13 and older,** may receive a **ONE TIME** dose of OTC Tylenol, Ibuprofen, Antacid or a Cough Drop with permission by signing below. The medication must be provided to us with the child's name clearly written on it and what dosage you dispense at home. What medication \_\_\_\_\_

Medical insurance company: \_\_\_\_\_ Policy#: \_\_\_\_\_

Name of insured: \_\_\_\_\_ Relation to child: \_\_\_\_\_

I give my permission for my child to participate in the SCCS summer camp. In the event of an emergency situation, I understand that a school representative will attempt to reach me and the other contacts listed. While I expect SCCS to continue to try to reach me until successful, I give my permission for emergency transport, testing and treatment to be given at a hospital or other emergency facility. I will not hold SCCS responsible for any problems resulting from this evaluation and treatment.

Signature of parent or guardian: \_\_\_\_\_ Date : \_\_\_\_\_



# SOUTHERN CAPE CHRISTIAN SCHOOL

## Photo/Video Release Form

I grant permission to Southern Cape Christian School's Summer Camp and its development department to use photographs and video taken of the individuals named below for use in camp/school publications, including web sites, and other physical or electronic forms of media. The photographs may be offered for use or distribution to other school departments without notification.

I hereby waive any right to inspect or approve the photographs, publications, or electronic matter that may be used now or in the future, whether I am aware of it or not. I waive any right to royalties or other compensation arising from or related to the use of the photographs.

I hereby agree to release and hold harmless Southern Cape Christian School, and the staff working in conjunction with the development department, from and against any claims, damages or liability arising from or related to the use of the photographs or video. This includes but is not limited to any re-use, distortion, blurring, alteration, optical illusion or use in composite form, intentionally or otherwise, that may occur or be produced in production of the finished product. It is the discretion of SCCS to decide whether to use the image.

I am the parent/guardian of the campers named below. I have read this release before signing below. I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing. I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

Individuals pictured in the photos / videos:	Name	Age
----------------------------------------------	------	-----

_____		
_____		
_____		
_____		

\_\_\_\_\_ Yes, I give my permission for photographs and videos.

\_\_\_\_\_ No, I do not give my permission for any photographs or videos.

Parent signature: \_\_\_\_\_

**Permission to Apply Sunscreen or Insect Repellent  
at Southern Cape Christian School**

**PARENTS MUST PROVIDE** THE SUNSCREEN OR INSECT REPELLENT WITH THE CHILD'S NAME  
**CLEARLY MARKED ON IT**

- \*THE PRODUCT MUST BE A **SPRAY ONLY**, NOT A LOTION
- \*IF SIBLINGS ARE IN 2 DIFFERENT CLASSES, THEY CANNOT SHARE  
SUNSCREEN OR INSECT REPELLENT
- \*PARENTS SHOULD APPLY FIRST TIME AT HOME

NAME: CHILD #1 \_\_\_\_\_  
CHILD #2 \_\_\_\_\_  
CHILD #3 \_\_\_\_\_  
CHILD #4 \_\_\_\_\_

**As the parent/guardian of the above named child/children, I have initialed next to the applicable  
statements for the use of *SUNSCREEN* on my child/children:**

\_\_\_\_ The staff may apply the sunscreen during the day if needed

\_\_\_\_ I do not know of any allergies that my child/children has to any sunscreen

My child \_\_\_\_\_ is allergic to some sunscreens.  
I have provided the following brand \_\_\_\_\_

\_\_\_\_ DO NOT apply sunscreen to the following areas on my child/children (face, neck, etc.)

\_\_\_\_ DO NOT APPLY SUNSCREEN ON MY CHILD

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**As the parent/guardian of the above named child/children, I have initialed next to the applicable  
statements for the use of *INSECT REPELLENT* on my child/children:**

\_\_\_\_ The staff may apply the insect repellent during the day if needed

\_\_\_\_ I do not know of any allergies that my child/children has to any insect repellent

My child \_\_\_\_\_ is allergic to some insect repellents.  
I have provided the following brand \_\_\_\_\_

\_\_\_\_ DO NOT apply insect repellent to the following areas on my child/children (face, neck, etc.)

\_\_\_\_ DO NOT APPLY INSECT REPELLENT ON MY CHILD

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**PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_**