



Island Christian Academy Daycare
 5373 Maxwellton Road
 P.O. Box 1048
 Langley, WA 98260
 360-221-0919

2016 SUMMER DAY CAMP REGISTRATION FORM

Application Date _____ Email _____

Child's
 Last Name _____ First _____ Middle _____

Nickname _____ M _____ F _____ Birth date _____ Age _____

Street Address _____ City _____ Zip Code _____

Mailing Address _____ City _____ Zip Code _____

SUMMER DAY CAMP

Please make your reservations early as we do have a class limit for each week.

Check one	Entering Grade	Cost per week
<input type="checkbox"/>	K-3	\$140
<input type="checkbox"/>	4-8	\$140

K-Grade 3 CAMPS:

_____ June 27-July 1: Base Camp Explorers: Explore the great outdoors – camping style!
 Rockets, crafts, s'mores and so much more!

_____ July 5-8: MAD Science: Put on your lab coat and goggles – we're going to get messy!
 Why??? Because Science is FUN! (No class Monday, July 4. Price reduced -- \$120)

_____ July 11-15: Books & Breadsticks: Grab your apron and reading glasses because we're
 cooking our way through the week with children's books that inspire culinary adventures.

_____ July 25-29: Water Works: Cool off during this crazy, wet week! Bring a bathing suit and
 a sense of adventure for nonstop, water-logged fun!

Grades 4-8 CAMPS*:

_____ June 27-July 1: Base Camp Explorers: Explore the great outdoors – camping style!
 Rockets, crafts, s'mores and so much more!

_____ July 5-8: Cooking & Sewing: Hone your skills! Plan, shop, prep, prepare and share a
 meal. AND sew a pair of pajama bottoms or a quilt to relax in when you're done.
 (No class Monday, July 4. Price reduced -- \$120)

_____ July 11-15: Hike Whidbey: Put on your hiking shoes and join us for a-hike-a-day on
 Whidbey Island.

_____ July 25-29: Water Whidbey: Visit all the water attractions on Whidbey Island, from
 Double Bluff Beach to Fort Casey Pool.

* Mornings include Basic Computer Skills Lessons and a Reading/Book Review Program.

CHILD'S PARENTS

Mother

Name _____ Employer _____

Home phone _____ Cell phone _____ Work phone _____

Best phone to call while child is at camp? _____

Street Address _____ City _____ Zip Code _____

Address where you can be reached while child is in care _____

_____ City _____ Zip Code _____

Father

Name _____ Employer _____

Home phone _____ Cell phone _____ Work phone _____

Best phone to call while child is at camp? _____

Street Address _____ City _____ Zip Code _____

Address where you can be reached while child is in care _____

_____ City _____ Zip Code _____

MARITAL STATUS

_____ Married _____ Separated _____ Divorced — How long? _____

Custody/Visiting arrangements: _____

Stepfather's Name _____ Stepmother's Name _____

If child is adopted: Age at adoption? _____ Does child know he/she is adopted? _____

Remarks: _____

CHILD'S HEALTH INFORMATION

Date of child's last physical exam: _____

Child's health care provider _____ Telephone number _____

Street Address _____ City _____ Zip Code _____

Hospital Choice _____ Date of last Dr. visit _____

Has the child had: Chicken Pox _____ Measles _____ Mumps _____ Whooping Cough _____

Please indicate below if your child has had:

Asthma, convulsions, fainting spells, diabetes, frequent sprains or dislocations, operations, hospitalizations, heart disease, strep throat, serious injury or concussions, ear infections, urinary tract infections, anemia or any other condition that affects your child physically or emotionally:

Condition _____ Description _____ Date(s) _____

Condition _____ Description _____ Date(s) _____

Condition _____ Description _____ Date(s) _____

Does the child have a handicap such as hearing or vision or problems that would be given special consideration? _____

Any allergies, including drug reactions? Yes _____ No _____ If yes, specify below:

Food _____ Drugs _____

Comments: _____

Regular medications? Yes _____ No _____ If yes, specify _____

Other important information? Yes _____ No _____ If yes, specify _____

Child's dentists name _____ Telephone number _____

Street Address _____ City _____ Zip Code _____

CONSENT TO MEDICAL CARE AND TREATMENT OF MINOR CHILDREN

I give permission that my child, _____, may be given first aid/emergency treatment by a qualified child care provider and/or staff at _____
_____(Name and address of hospital).

When I cannot be contacted, I authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician, health care provider, hospital or aid car attendant when deemed necessary or advisable by the physician or aid car attendant to safeguard my child's health. I waive my right of informed consent to such treatment.

I also give my permission for my child to be transported by ambulance or aid car to an emergency center for treatment.

I hereby agree to accept responsibility for any financial indebtedness incurred during the hospitalization. I agree to pay for all necessary services at the current rate and in case of collection, pay a reasonable attorney fee and collection expense.

I certify under penalty of perjury under the laws of the State of Washington that this information is true and correct.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

FIELD TRIP PERMISSION

I, hereby, give permission for my child _____ to participate in any and all field trips (including transportation to and from field trips) taken by Island Christian Academy Daycare. Transportation provided by private vehicle, Island transit, or a church van.

I understand that the children will be accompanied by adults and staff who will exercise every precaution to avoid an accident. All students will wear a seat belt and use a car seat/booster seat when age appropriate; with the exception of trips made on Island transit.

I also understand that the advance notice of all field trips will be posted, giving me the time to make other arrangements, would I choose not to allow my child to participate.

Parent/Guardian Signature _____ Date _____

Emergency Contact Information

Name	Phone	Relationship
------	-------	--------------

WAIVER OF LIABILITY

I, for myself, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue Island Christian Academy Daycare, from liability from any and all claims regarding my participation in a summer camp program.

INDEMNIFICATION AND HOLD HARMLESS

I also agree to indemnify and hold Island Christian Academy Daycare harmless from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney’s fees brought as a result of my involvement at Island Christian Academy Daycare and to reimburse them for any such expenses incurred.

SEVERABILITY

The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of Washington and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

CONDUCT

I understand that my child will be held accountable for his/her conduct and that tuition is non-refundable even if my child is expelled from this summer camp program.

ACKNOWLEDGMENT OF UNDERSTANDING

I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____