

# Burlington Christian Academy

## Summer Camp Application

Child's name \_\_\_\_\_  
(last) (first) (middle)

Parent's names \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ ( ) Male ( ) Female

Last school attended \_\_\_\_\_ Grade last attended \_\_\_\_\_

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Please indicate your choice of options:

\_\_\_\_\_ Upper Track (rising 1st graders through graduating fifth graders)

\_\_\_\_\_ Lower Track (K3, K4, and rising K5)

\_\_\_\_\_ Full time (Monday-Friday)

\_\_\_\_\_ Three days per week (please circle--M, T, W, TH F)

\_\_\_\_\_ Two days per week (please circle--M, T, W, TH, F)

Enrolling my child in camp implies my giving permission so my child can participate in activities of the camp. These include off site trips to swimming, skating, etc. for upper track and park activities for lower track.

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### BCA Summer Camp T-Shirts

All BCA Campers will receive a Summer Camper T-shirt. Please fill out the following information to ensure your child gets the size you desire

Youth Size

S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_

Adult Size

S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ XL \_\_\_\_\_

## Medical Information

Does your child have any known allergies (such as dust, drugs, plants, animals, food, etc.)? If yes, please identify. \_\_\_\_\_

Is your child under the care of a doctor for ongoing medical difficulties? If so, please explain. \_\_\_\_\_

Is your child on daily medication prescribed by a doctor? If so, please explain. \_\_\_\_\_

Has applicant been recommended for or undergone any developmental or educational testing to determine the existence of ADD, ADHD, learning disabilities, or any other emotional, physical, or learning difficulties? Has applicant utilized services of a counselor in private practice, psychiatrist, or clinical psychologist?

( ) yes ( ) no

If so, please describe and list name of institutions/individuals whose services were/are being utilized. (BCA requires access to information concerning testing results and recommendations.) \_\_\_\_\_

Does your child have a history of seizures? ( ) yes ( ) no

Does your child have any physical handicaps? ( ) yes ( ) no

Please give any information concerning your child which will be helpful to us and will impact on your child's experience at BCA such as play, eating, and sleeping habits, special fears, special likes and dislikes, etc. \_\_\_\_\_

## ALL CHILDREN MUST BE POTTY TRAINED AT TIME OF ADMISSION

Please understand that enrolling your child obligates you to nine weeks of day care because activities are planned and staff is hired based on the number of campers. We will be giving a one week vacation credit to FULL TIME CAMPERS ONLY if the date is given to the director before beginning the day care pay period. Part time days missed will not be allowed to roll over.

Please sign in the blank below to state that you have read and understand our Summer Camp policies regarding financial obligations.

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_