

**CAROLINA CHRISTIAN SCHOOL ADVENTURE PROGRAM
SUMMER 2011**

March 2011

Dear Parents:

It's that time again! It's summer fun time here at Carolina Christian School. We have so much cool stuff planned! Come join the fun! We are accepting applications here in the His Kids office. We are accepting full & part time campers. Full time is \$150 per week Part time is \$35 per day per child. Registration fee is \$25 per child.

June 6 – 10: Splishing, splashing, and stirring up summer fun

June 13 – 17: International Days – Games from around the world

June 20 – 24: Gymnastics Week

June 27 – July 1: Karate Week

July 4 – 8: Monday & Tuesday closed: Karate W, Th, & Fr

July 11 – 15: Vacation Bible School

July 18 – 22: Science Odyssey Week

July 25 – 29: Art Week

Camp will open at 8:00 and close at 5:30, Monday-Friday. Late fees will apply as follows: 5:35 grace period/5:35-5:45 you pay \$5 extra/after 5:45 you pay \$5 plus \$1 per minute. Late fees will be added to your statement.

Your camper will need to bring snacks, drinks, and lunch from home. Pizza Fridays are available @ \$1.50 per slice.

CCS Athletic camps are available. If your child attends CCS adventure camp then the Athletic camps will be an additional fee, at a discounted rate, of \$50 for each camp. See the enclosed brochure for additional information or contact Amy Mull for the sports camps only.

June 13 – 17: Soccer camp

June 27 – 30: Volleyball camp

Working together,

Marian Thompson

Water days for the Summer

Tuesday, June 15, 2010

Friday, July 16, 2010

Wednesday, July 21, 2010

Tuesday, July 27, 2010

Friday, July 30, 2010

Carolina Christian School Adventure Program 2011

Name _____ Home Phone _____
Address _____ City _____ State _____ Zip _____
Birthdate ____/____/____ Age _____ School _____ Grade(entering) _____

Information About The Family

Person responsible for payment()Mother ()Father ()Other _____

Parent/Guardian's Name _____ Home Phone _____
Address (if different from above) _____
City _____ State _____ Zip _____
Employer _____ Position _____ Business Phone _____
Beeper _____ Cell Phone _____ Other _____

Information About Your Child

() Boy () Girl
() Allergies (type) _____ () Attention Deficit () ADHD
() Use of Medication (type and schedule) _____
() Emotionally, Behaviorally, Intellectually, or Physically Challenged(details) _____

() Other Special Needs _____

Emergency Care Information

Child's doctor _____ Phone # _____
Child's dentist _____ Phone# _____
Hospital preference _____
Insurance Carrier & Policy # _____

If neither father nor mother can be reached, please contact or release my child to:

Name _____	Relationship _____	Phone _____
Name _____	Relationship _____	Phone _____
Name _____	Relationship _____	Phone _____
Name _____	Relationship _____	Phone _____

Program Selection (Please check the weeks your child will attend)

____ Week # 1 June 6 – 10	____ Week # 5 July 6 – 8, W, Th, Fr only
____ Week # 2 June 13 – 17	____ Week # 6 July 11 - 15
____ Week # 3 June 20 - 24	____ Week # 7 July 18 - 22
____ Week # 4 June 27 – July 1	____ Week # 8 July 25 - 29

If your child is coming part time please list the days that your child will attend. If your child is coming full time please mark F/T for the week.

Athletic Camps additional fee

____ Week # 2 June 13 – 16, Monday through Thursday
____ Week # 4 June 27 – 30, Monday through Thursday

If your child attends full time at the CCS adventure Camp and the Athletic Camp you will receive a discounted rate of \$50 for the Athletic Camp.

**CCS Adventure Program 2011
Policy Form**

Please Read Carefully and Sign:

1. Adventure Program at Carolina is an extension ministry of Carolina Christian School.
2. **Discipline Policy** — Effective discipline permits a child to learn appropriate behavior through consequences, which result from inappropriate actions. CCS tries to set limits, help children understand the rules and give clear definitions of what is acceptable and unacceptable behavior. CCS does use short periods of time-out if a child's behavior is disruptive, or if a child disregards program rules. If a child's behavior does not improve after time-out and appropriate attention, then counseling with the program leadership staff will follow, and if necessary counseling with the school administration and parent contact. If a child's behavior is unacceptable after counseling and parental contact, CCS reserves the right to dismiss the child. CCS does not condone:

- Using any sort of corporal punishment
- Making fun of, threatening, or yelling at the children, or use of profanity
- Leaving children unsupervised

CCS staff strive to keep a calm demeanor and a firm but kind attitude so the student perceives a caring, involved, respectful and godly counselor. With these measures, positive behavior usually results.

3. **Special concerns** — Prior to the time of registration, any behavior problems or special needs of your child should be identified and discussed with the Program Director.
4. **Medical Treatment** — CCS Adventure Program does not normally administer any medication and will do so only when directed in writing by the child's parent or guardian. However, in the case of an emergency in which the parent cannot be contacted, Emergency Medical Staff and CCS may take appropriate action in the best interest of the child.
5. **Accident Insurance** — Participants are responsible for their own accident insurance when at CCS and when participating in CCS programs off site.
6. **Payment Policy** — By signing this form, parents indicate that they understand the policies concerning payment, cancellations, and refund. Payments are due when you drop off your student on Monday morning. No student will be allowed to stay unless payment is made in full for that session. Payments may be cash or check. Program does not include lunches or snacks. In signing this I agree to pay for days signed up for regardless of sickness, vacation, etc.
7. **Photography Waiver** — By signing this form, parents permit CCS to use pictures of their child as a program participant in promotional literature published and used by CCS
8. **Cancellation** — I understand that CCS requires written notice of a cancellation two weeks prior to the cancellation. If you do not cancel two weeks prior to the session, you will be responsible for the full payment of that session.
9. **Refunds** — I understand that no refunds or adjustments are granted for illness or vacation. All refunds or program credits are issued on a pro-rated basis. Program payment is not transferable from one participant to another.
10. **Lost Items** — I understand that CCS is not responsible for any personal items lost or stolen at our program.

I understand and agree to the policies stated above.

Parent/Guardian Signature _____ Date _____