



2022
Summer Camp
Registration Packet



Trinity Christian Academy

875 Elkcarn Boulevard, Deltona, FL 32725

Summer 2022 Camp Trinity Registration

Grade **Completed:** June/2022_____

Current TCA Student: YES____ NO____

*Application fee is \$25.00 per student; weekly rate is \$150.00.

*\$75.00 Deposit required for each week, which is **non-refundable and non-transferable**

Please circle each week camper will attend: 6/6 6/13 6/20 6/27 7/4 7/11 7/18 7/25

OFFICE USE ONLY

Camp Registration Date: ____/____/____

Number of Weeks Attending _____ Deposit Due \$_____ Number of T-shirts: _____

Check _____ Cash _____ Card _____ Total: _____

The following information is required for registering each child and is held in confidence. Please complete each space and if it does not apply to your situation write (N/A) not applicable. Thank you.

****NOTE:** Trinity Christian Academy admits camper of any race, color, national and ethnic origin to all the rights, privileges generally accorded or made available to children at the camp.

CAMPER INFORMATION

Last Name: _____ First Name: _____ Middle Name: _____

Goes By: _____ Sex: _____ Ethnicity: _____ Birth Date _____

Cell phone: _____

Does the child have or ever had an IEP, Psychological Evaluation, 504 Plan or participated in a Special Education Program? _____

FAMILY INFORMATION

Parent 1 - Father Step-Father Mother Step-Mother Other _____

Title Mr. Mrs. Ms. Last Name _____ First Name: _____

Mailing Address: _____ City: _____ State: _____ Zip Code _____

Home Phone: _____ Cell Phone: _____

Email Address _____ Work Phone: _____ Ext _____

Parent 2 - Father Step-Father Mother Step-Mother Other _____

Title Mr. Mrs. Ms. Last Name _____ First Name: _____

Mailing Address: _____ City: _____ State: _____ Zip Code _____

Home Phone: _____ Cell Phone: _____

Email Address _____ Work Phone: _____ Ext _____

Check any that apply: Lives with both Parents Parents separated Parents divorced

Shared Custody Father has custody Mother has custody Other _____

AUTHORIZED PICK-UP AND STUDENT RELEASE

1. No child will be released to any person whose name does not appear on this Authorization Pick-Up List or has been approved and added by using the authorized addition form.
2. Before any person can remove a child, proper I.D., such as a current Driver's License, must be shown.
3. If there is ever any question as to the identification of any person attempting to remove a child from TCA the legal parent or guardian will be notified immediately.
4. The legal parent or guardian must provide advanced written authorization before any person not appearing on our Authorized Pick-Up List will be allowed to remove a child from TCA.

For your child's protection, THEY WILL NOT be released to an unauthorized person. Approved picture identification (driver's license) will be required. A list of these persons will be placed in the sign in / out book.

List below those who have permission to pick up your child.

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

TCA defines a legal parent or legal guardian to be person(s) who enrolled the child and whose signature is found on the enrollment form. An official birth certificate proving he/she is the legal parent or guardian is also required. In the case where a divorce or legal separation has occurred or is in process, legal court documentation must be presented as proof that he/she has been awarded temporary or permanent custody of the child in question. We will not hesitate to call 911 immediately if any disruptions or disputes develop on school property. The safety of the minor child in our custody will always take top priority in any situation.

This also applies to those allowed to pick up the child from TCA. Official court documents, whose authenticity has been verified, will supersede any other documents received or placed on file.

I hereby authorize all above listed names as active and approved people to pick up my child from TCA facility.

Parent/Guardian Initials _____ Date: ___ / ___ / ___

FIELD TRIP CONSENT / SUMMER CAMP

I give my child permission to attend all field trips sponsored by Trinity Christian Academy. I realize Trinity Christian Academy and any staff member, parent, or guardian who may accompany the class is released from all liabilities.

Parent/Guardian Initials _____ Date: ___ / ___ / ___

SUNSCREEN POLICY

Campers are required to apply sunscreen for all outdoor activities. Campers are to bring their personal **spray** on sunscreen for re-application purposes during outdoor activities. Campers cannot share their sunscreen with other campers due to possible allergic reactions. Campers must put their own sunscreen on. Please put your child's name on their sunscreen.

Parent / Guardian Initials _____ Date: ___ / ___ / ___

PHOTO RELEASE

I give permission for my child's photograph to be taken while he/she is in the care of Camp Trinity personnel. Such images may be posted in classrooms, craft projects, presentations, promotional materials, or distributed to staff. I understand that I may terminate this permission at any time in the future.

Parent/Guardian Initials _____ Date: ___ / ___ / ___

EMERGENCY TREATMENT

Date of Birth _____

(Child's Name)

YES NO

- Is the applicant under the care of a doctor? If so, for what reason? _____
- Does the applicant have any significant physical impairment? If so, what? _____
- Has the applicant been previously hospitalized? If so, for what? _____
- Are there limitations on normal activities? If so, what? _____
- Has the applicant had any operations? If so, what? _____
- Has the applicant ever been treated for any nervous, mental, or emotional disorder, or seen a psychologist?
If so, please explain: _____

Please check and/or list any medical condition your child may have:

- Allergies Asthma Diabetes Heart Condition Other: _____

Allergies: _____

If allergic, what are signs/symptoms of allergic reaction(s)?

Other Health Condition(s)/Concerns/Medications: _____

AUTHORIZATION FOR MEDICATION

Disbursement of prescribed medication sent in from home is as follows: (1) Completion of a Medication Authorization Form (2) Prescription meds in the original pharmacy labeled container (3) All meds must be delivered by the parent(s) to the Camp Staff, so that an Authorization Form can be filled out. Medications should never be in the possession of the child, in backpack, lunch box, or on person, etc.

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

I understand that it is my responsibility to see that my child's immunizations and physical are kept current as required by the State of Florida. In case of emergency, I/we authorize any representative of Trinity Christian Academy to present above stated minor to receive any emergency care needed.

I give permission for Trinity Christian Academy to call my child's physician in case of an emergency.

Physician: _____ Physician's Phone Number: _____

Date: _____

Parent/Guardian Signature

HANDBOOK

I acknowledge that I have received a copy of the Summer Camp Handbook which includes the policies and procedures.

Parent/Guardian Initials _____ Date: ___/___/___

OFFICE USE ONLY

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____ Application

____ Emergency Treatment

____ Authorized Pick-up & Student Release



Medicine Authorization Form

1. Prescription medication can only be administered at TCA when failure to take such medication could jeopardize a student's health.
2. Medication must be brought to TCA by the parent/guardian. It must be in the original container labeled by the pharmacy to include the following and must exactly match the doctor's orders below:
 - a. Name of student
 - b. Name of doctor (licensed and authorized by Florida law to order prescription medication)
 - c. Name of medicine
 - d. Instruction for dosage (amount and time)
 - e. Indication of special storage, if needed (refrigeration, etc.)

Parent/Guardian Permission

I hereby request that my child be given the medication provided in the Doctor's Authorization Form while in school or away for school activities. I understand the law provides that there shall be no liability for civil damages as a result of the administration of such medication where the person administering such medication acts as an ordinary responsible prudent person should have acted under the same circumstances.

I further understand that:

1. _____ I must provide the necessary supplies and equipment, including a 3-day emergency supply of medication.
2. _____ I will notify the teacher if there is a change in the student's health status or change of physician.
3. _____ I will notify school administration immediately and provide new consent for any changes in doctor's orders.

Name of Parent/Guardian _____ Signature _____

Phone Number _____

Emergency Contact Information:

FIRST CALL

Name _____ Relationship to Student _____

Mobile # _____

SECOND CALL

Name _____ Relationship to Student _____

Mobile # _____

OTHER

Name _____ Relationship to Student _____

Mobile # _____

PREFERRED HOSPITAL _____ Phone # _____

PRIMARY PHYSICIAN _____ Phone # _____



Doctor's Authorization for Prescription Medicine

Student's Name _____ Grade _____

The above is under my medical supervision. I have ordered the following medication(s):

Medication: _____

Dosage _____ Time _____
_____ at _____

_____ at _____

Medication: _____

Dosage _____ Time _____
_____ at _____

_____ at _____

Reason for medication to be administered at TCA _____

Possible reactions or side effects _____

Date prescription expires _____

Doctor's Signature _____ Doctor's Stamp _____

Phone Number _____ Date _____



Parent's Authorization for Over-the-Counter Medication

Student's Name _____ Grade _____

I, _____, (mother, father, guardian) give permission to dispense the following over-the-counter medication(s):

Medication: _____

Dosage: _____

Medication: _____

Dosage: _____

Reason for medication to be administered at TCA _____

Possible reactions or side effects _____

Date medication expires _____ Lot Number: _____

Parent's Signature _____

Phone Number _____ Date _____

CAMP TRINITY T-SHIRT ORDER FORM



\$15.00

Campers will be required to wear their shirt daily. Please indicate quantity desired in the “Size” section below.

Camper's Name: _____

Homeroom Teacher: _____ Grade: _____

OR

Parent's Name (for non-TCA campers): _____

Parent's Contact Number for Order Pick-Up: (____) _____

Please indicate quantity of shirt(s) desired beside the size below:

CHILD: ___ YXS ___ YSmall ___ YMedium ___ YLarge ___ YXL

ADULT: ___ Small ___ Medium ___ Large ___ XL

Amount Enclosed: _____

cash check* credit card**

**Please make checks payable to TCA.*

***Credit Card payments for orders may be taken at the Business Office or over the phone.*

