

READY ACADEMY FULL STEAM AHEAD SUMMER ENRICHMENT PROGRAM

PRICE:
**\$165
WEEK**

**6 WEEK
PROGRAM**

**WHAT
WE
PROVIDE**

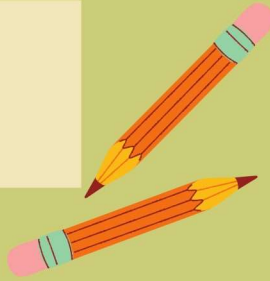
- HANDS-ON LEARNING
- WEEKLY FIELD TRIPS (FEES WILL APPLY, DETAILS TO COME)
- SKILL BUILDING OPPORTUNITIES
- A CHANCE TO LEARN WHILE HAVING FUN
- ACADEMIC STRENGTHENING
- ARTS AND CRAFTS

Registration begins:
MARCH 18, 2024

**CAMP INFORMATION:
JUNE 24, 2024 - AUGUST 2, 2024
MONDAY - FRIDAY
7AM-5PM**

**LUNCH
INCLUDED!**

For more information, please contact
Mrs. Lewis (klewis@readyacademy.org)
or Ms. Peller (npeller@readyacademy.org)
at READY Academy Christian School,
757-622-5650



READY ACADEMY'S SUMMER ENRICHMENT CAMP

Registration Form 2024
June 24th-August 2nd

(PLEASE PRINT)

NAME OF STUDENT: _____
(Last) (First) (Middle)

AGE: ____ BIRTH DATE: _____
 LAST GRADE CHILD COMPLETED: PK3 / PK4 / K5 / 1ST
(Circle)

PARENT/GUARDIAN'S NAME: _____

ADDRESS: _____

PHONE NUMBER: HOME _____
 CELL _____
 WORK _____

E-MAIL ADDRESS: _____

Student's T-shirt Size: YXS YS YM YL

WEEK	YES	NO	MAYBE	WEEK	YES	NO	MAYBE
June 24 - June 28	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	July 15 - 19	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
July 1 - 5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	July 22 - 26	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
July 8 - July 12	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	July 29- August 2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

TIMES & TUITION

Non-Refundable Registration Fee-\$75.00 per child - (Paid at time of registration)

*(Fee Includes Summer T-Shirt for all Students)

Weekly Camp Fee- \$165.00 per week/per child

(10% discount for additional siblings attending "FULL STEAM AHEAD" CAMP ONLY)

Tuition includes a daily lunch & afternoon snack

(Tuition must be paid each Monday of the week attending Camp via PROCARE)

Field trips are to be paid in Cash Only

Camp Hours: Monday-Friday 7:00 a.m. – 5:00 p.m.

RULES & REGULATIONS

- **ALL** Students must be fully potty-trained. NO EXCEPTIONS!!
- **ALL** Students must eat Breakfast before arriving each day.
- **Drop off and Pick up Policy:** Students are to arrive no earlier than 7:00 am and be picked up no later than 5:00pm
- Late Pick-Ups will be charged \$3 per minute for every minute that you are late after 5:00pm

Parent/Guardian understands that the Camp Director reserves the right to request the withdrawal of any child who is unable to adjust to the program after a reasonable period of time.

Parent/Guardian Signature _____ Date _____

OFFICE USE ONLY

PAYMENT AMOUNT: \$_____ APPLIED TOWARDS: REG. FEE WEEKLY SUMMER FEE

TYPE OF PAYMENT: CASH CHECK CREDIT CARD MONEY ORDER

ADMIN/STAFF RECEIVING THIS FORM: _____ DATE _____

FIRST BAPTIST CHURCH READY ACADEMY CHRISTIAN SCHOOL

MEDICAL INFORMATION & PARTICIPATION/TRAVEL/WALK PERMISSION FORM - PART I

NAME OF STUDENT: _____
(LAST) (FIRST) (FULL MIDDLE NAME)

MARK ONLY for DECLINATION of child **NOT** granted permission to participate in READY Academy's transportation and field trips.

Physician's Name: _____

Physician's Phone #: (____) _____ - _____ Hospital/Clinic Preference: _____

Date of Last Tetanus Immunization: ____/____/____ Allergies: _____

Medical Conditions: _____ Medications: _____

● **Initial: _____** Current School Physical Form and Immunization or Official Verification of Child's Next-Scheduled Wellness Visit on Physician's Stationery **MUST ACCOMPANY CHILD'S CURRENT PHYSICAL AND IMMUNIZATION RECORD (COMPLETED WITHIN THE LAST 12MONTHS OF THE STUDENT STARTING SCHOOL). STUDENTS WILL NOT BE ALLOWED TO BEGIN CLASSES WITHOUT DOCUMENTED PROOF OF THEIR NEXT-SCHEDULED WELLNESS VISIT.**

● **Initial: _____** Medication Administration Treatment Form **MUST BE COMPLETED BY PHYSICIAN AND PARENT FOR EACH MEDICATION ADMINISTERED AT THE SCHOOL. *** All Medication(s) must be in the original, sealed, container with the adhesive prescription label attached, accompanied with its designated MAT Form***See School Receptionist for MAT Form**

● **Initial: _____** An Action-Treatment-Plan is required for **EACH** of a student's diagnosis (ie: Allergies, Asthma, Seizures, Etc.)
*****See Physician's Office for Action-Treatment-Plan**

Has the child been diagnosed for learning disabilities? Yes* No

Does the child have any challenges/concerns? Yes* No

Does the child have any particular fears or special concerns? Yes* No

*** Note: The READY Academy/Camp does not provide Special Education Services. If either of the above questions received a "YES" answer please explain on the STUDENT INFORMATION FORM in the "OTHER INFORMATION" section. ***

MEDICAL AUTHORIZATIONS / PERMISSION TO TREAT

I/We the parents/guardians give authorization for the child to participate in READY Academy's transportation and field trips. The READY Academy Christian School/Camp agrees to notify parent/legal guardian as soon as possible when child becomes ill. When notified of child's illness, the parent/legal guardian agrees to pick up the child from the READY Academy Christian School /Camp within one hour of being contacted. The parent/legal guardian gives the READY Academy/Camp permission to obtain immediate medical care for the child in case of serious injury or illness. I /We hereby authorize members of READY Academy Christian School/Camp to take such measures as deemed appropriate when my child is ill and/or injured. Furthermore in the event of serious illness and/or injury the rescue squad may be utilized; and examination, anesthesia, x-ray, medical and/or surgical diagnosis treatment, and hospital care may be rendered by, under supervision, and/or on the advice of appropriate medical personnel. In such event, I understand that members of the READY Academy Christian School/Camp will make reasonable efforts to contact a parent, guardian, emergency contact, physician and/or dentist as feasible under the circumstances.

Parent/Guardian Signature _____ Date ____/____/____

