



First Christian Academy
OASIS SUMMER PROGRAM 2024
 24530 NW 199th Lane
 High Springs, FL 32643
 386-454-1641

SUMMER CAMP ELIGIBILITY

- Oasis Summer Camp is available for any student who is currently **ENROLLED at FCA** for the 2023/2024 and **ENROLLED** in the 2024/2025 school year.
- Students must be **entering K5-8th grade** to be eligible for camp.

SUMMER CAMP COSTS

- One-Time Registration Fee of **\$75**.
- Weekly Camp Rates are **\$125**.
 - **NOTE:** Camp Hours are now **7:30 am – 5:30 pm**

Student Information

Child's Name: _____ Male: _____ Female: _____
 Birthdate: _____ Grade Entering this Fall: _____ Allergies: _____
 Mailing Address: _____
 City: _____ State _____ Zip _____ Ph: _____

Parent or Guardian Contact Information

Name: _____ Relationship to Child: _____
 Home Phone: _____ Cell Phone: _____

Name: _____ Relationship to Child: _____
 Home Phone: _____ Cell Phone: _____

Persons Authorized to Pick Up Child

1. _____ Phone: _____
 2. _____ Phone: _____
 3. _____ Phone: _____

Please select the weeks of Oasis Summer Camp that your child will be attending:

**** Camp Hours: 7:30am – 5:30pm ****

- | | |
|--|--|
| <input type="checkbox"/> Week 1: June 10 – June 14 | <input type="checkbox"/> Week 5: July 8 – July 12 |
| <input type="checkbox"/> Week 2: June 17 – June 21 | <input type="checkbox"/> Week 6: July 15 – July 19 |
| <input type="checkbox"/> Week 3: June 24 – June 28 | <input type="checkbox"/> Week 7: July 22 – July 26 |
| <input type="checkbox"/> Week 4: July 1 – July 3 | <input type="checkbox"/> Week 8: July 29 – August 2 |

(Closed on July 4-5 for Independence Day – Rate will be \$75.)

**** NO camp available August 5 – August 9 ****

Please read carefully and sign below.

PERMISSION FOR EMERGENCY CARE

First Christian Academy (FCA) has permission to obtain medical care for my child as they deem necessary. When my physician or I cannot be contacted in an emergency, FCA has my permission to take my child to the emergency room of the nearest hospital. The hospital has my authorization to provide treatment which a physician deems necessary for the well-being on my child.

MEDICATION INFORMATION

I/We understand that the staff of First Christian Academy can only dispense medication prescribed by a physician. Over-the-counter medication will not be given to students unless accompanied by a written prescription by the child's physician. *Authorization of Medication forms are available at the School Office.*

PERMISSION/AUTHORIZATION TO PHOTOGRAPH

I/We understand that photographs of my child may be taken throughout the year and we give permission for those photographs to be used in school publications or on the school website. The names of individuals students will not be released with any photographs except in the school year book.

YES NO

PARENT/GUARDIAN SIGNATURES

By signing below, you verify that all information on this enrollment form is complete and accurate. Additionally, your signature verifies your permission for use of emergency care and off-campus transportation as needed.

Parent/Guardian Signature	Date	Parent/Guardian Signature	Date
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OASIS Summer Camp is available for enrolled FCA students only.

Please return this form with the Registration Fee of \$75 to the school office.