



First Christian Academy
OASIS SUMMER PROGRAM 2023
 24530 NW 199th Lane
 High Springs, FL 32643
 386-454-1641

SUMMER CAMP ELIGIBILITY

- Oasis Summer Camp is available for any student who is **ENROLLED at FCA** for the 2023/24 school year.
- Students must be **entering K5-6th grade** to be eligible for camp.
- **NOTE:** Camp Hours are now **7:30 am – 5:30 pm.**

SUMMER CAMP COSTS

- One-Time Registration Fee of **\$75.**
- Weekly Camp Rates are **\$125.**

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:

**** NEW Camp Hours: 7:30am – 5:30pm ****

- | | |
|---|---|
| <input type="checkbox"/> Week 1: June 5 – June 9 | <input type="checkbox"/> Week 6: July 10 – July 14 |
| <input type="checkbox"/> Week 2: June 12 – June 16 | <input type="checkbox"/> Week 7: July 17 – July 21 |
| <input type="checkbox"/> Week 3: June 19 – June 23 | <input type="checkbox"/> Week 8: July 24 – July 28 |
| <input type="checkbox"/> Week 4: June 26 – June 30 | <input type="checkbox"/> Week 9: July 31 – Aug. 4 |
| <input type="checkbox"/> Week 5: July 3 – July 7 (Closed on Tuesday, July 4) | |

**** NO camp available August 7 – August 11 ****

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. 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 well 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.