



First Christian Academy  
**OASIS SUMMER PROGRAM 2023**  
 24530 NW 199<sup>th</sup> 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 K5-6<sup>th</sup> 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"/> <b>Week 1:</b> June 5 – June 9                             | <input type="checkbox"/> <b>Week 6:</b> July 10 – July 14 |
| <input type="checkbox"/> <b>Week 2:</b> June 12 – June 16                           | <input type="checkbox"/> <b>Week 7:</b> July 17 – July 21 |
| <input type="checkbox"/> <b>Week 3:</b> June 19 – June 23                           | <input type="checkbox"/> <b>Week 8:</b> July 24 – July 28 |
| <input type="checkbox"/> <b>Week 4:</b> June 26 – June 30                           | <input type="checkbox"/> <b>Week 9:</b> July 31 – Aug. 4  |
| <input type="checkbox"/> <b>Week 5:</b> July 3 – July 7 (Closed on Tuesday, July 4) |   |

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

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**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

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**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.

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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.**