**Summer Adventures 2022**

Registration Form

 *(One form per Camper)*

***A Fun Summer Day Camp at Legacy Christian Academy***

* **No Contract – All Summer or Just One Day**

 ***Daily Hours: 7:30 a.m. - 6:00 p.m.***

**AGES 4 (Entering K5) & UP**

**• Annual Registration Fee $25** *(per Camper)*

**• Full Day** *(More than four hours daily.)* **$150 per week**

**• Half Day** *(Four Hours or less daily.)* **$90 per week**

**• Daily Rate** *(Full Day option only.)* **$40 per day**

**• Activity Fees are included in the daily/weekly rate.**

**\*Field Trips** ***are not included* in the weekly rate.**

**5 % discount** on additional campers for all families enrolling multiple campers in our **full-day program for the week. (Does not apply to the first Camper.)**

**10 % discount** is given to each camper prepaying by June 14 who enroll in our **full-day program for the entire summer. *(Discounts cannot be combined.)***

*Summer Adventures Weekly Themes are described on the back.*

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|   Week |   Theme | M | T | W | T | F |   | Amount  |  CASH/CK# | Date Paid |
|  | **REGISTRATION FEE** |  |  |  |  |  | **$ 25.00** |  |  |
| **#1 June 13-17** | **Hawaiian Luau** |  |  |  |  |  |  |  |  |
| **#2 June 20-24** | **Treasure Hunt** |  |  |  |  |  |  |  |  |
| **#3 June 27-July 1** | **Chocolate Factory** |  |  |  |  |  |  |  |  |
| **#4 July 5-8** | **Artful Antics** |  |  |  |  |  |  |  |  |
| **#5 July 11-15** | **Minute to Win it** |  |  |  |  |  |  |  |  |
| **#6 July 18-22** | **Fear Factor** |  |  |  |  |  |  |  |  |
| **#7 July 25-29** | **Christmas in July** |  |  |  |  |  |  |  |  |
| **#8 August 1-5** | **Mama Mia Pizzeria\*** |  |  |  |  |  |  |  |  |
| **#9 August 8-12** | **Anything Goes** |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  | **Total**  |  |  |  |  |  | **$** |  |  |

Student's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Daytime Emergency Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade Completed: \_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_

City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Payment must be received at the start of each week.**

 ***(All fees are non-refundable. Once a child has started the week, no refunds, or credits will be allowed.)***

**Questions: Hope Clegg** at **540-683-1802** or **Hope.Clegg@LegacyChristian-Academy.com**

Mail registration form and payment to: **LCA Summer Adventures, P.O. Box 1326, Stephens City, VA 22655**

**Summer Adventures Theme Descriptions:**

|  |  |
| --- | --- |
| *Hawaiian Luau*June 13-17 Aloha! Welcome to Hawaii! This week we will play limbo, learn how to hula dance, and immerse ourselves in the culture of this colorful state! |  *Fear Factor*July 18-22What are you afraid of? Conquer your fears with us!We will push you to your limits and work together to face your fears… |
| *Treasure Hunt*June 20-24Let’s have a mystery treasure hunt. The clues will take you to the treasure. A nature scavenger hunt sounds like fun! We will end the week with the Best Dressed Pirate…. Don’t walk the plank! Argh!!! | ***Christmas in July*** **July 25-29** **It’s beginning to look a lot like Christmas…..** **We will decorate the tree, make wreaths, and have** **a blast with a daily snowball fight!**  |
| *Chocolate Factory*  June 27 – July 1 Willy Wonka is in town and he is excited to share his love of chocolate with his friends. We will be making fun chocolate and candy creations. | ***Mama Mia Pizzeria \******August 1-5****Each day we will create a different pizza! Be creative and have fun eating your masterpiece!** **\*Field Trip: Cici's Pizza** (Parents are welcome!) |
| *Artful Antics* *(Closed Monday)* July 5-8Use your imagination to paint, draw, color, cut and paste. Become the artist of your own masterpiece! | ***Anything Goes…*****August 8-12****This is a week that quite literally anything goes, we will play fun games, sing songs, and enjoy our last week of camp together!** |
| *Minute to Win It* July 11-15We will have fun competing in teams and individual relay games. Balloon bursting, lollipop licking, cookie chomping, fun, fun, fun!  |  |







Medical conditions and/or allergies (including reactions to medications): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any other medical or physical conditions LCA Staff should know: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



**\*Medications will not be administered by Summer Adventures Staff.**





This form will be on file in the school office for the current school year.

I/we agree that in the case of an accident, illness, or other life-threatening emergency to the student listed below, I/we give permission for Legacy Christian Academy’s Staff to contact Emergency Medical Services (911) immediately.

I/we authorize and consent to any examination, x-rays, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care deemed necessary in the best judgment of a licensed physician or dentist.

I/we agree to assume all financial responsibility for expenses incurred because of any of these services being provided, including emergency medical transportation.

Camper’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Please Print)

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (MM/DD/YYYY)

Parent’s/Guardian’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Please Print)

Parent’s/Guardian’s Signature: X \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s/Guardian’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Please Print)

Parent’s/Guardian’s Signature: X \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Summer Adventures must have a copy of your student’s **Birth Certificate & Immunization Records** on file.

*Please notify the school office of any changes throughout the school year.*



 **Summer Adventures 2022**

 Permission Slip

I give permission for the following camper(s) to participate in Summer Adventures field trips and activities that occur while attending this program. I understand that the weekly activities will be posted on the monthly calendar located on Summer Adventures’ bulletin board. This includes, but is not limited to bowling, movies, and swimming.

Camper’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_

Camper’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_

Camper’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_

Camper’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_

I will not hold Legacy Christian Academy or Summer Adventures staff & chaperones responsible for accidents or injuries beyond their control. If my camper(s) need emergency medical treatment and I cannot be reached, I authorize the staff of LCA Summer Adventures to authorize treatment as necessary to insure the wellbeing of said camper. I agree to hold LCA or Summer Adventures harmless against any adverse judgment.

Parent’s / Guardian’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

  *(Please Print)*

Signature: X \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Cell #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_