

Bridgeway Christian Academy

Summer Program

3yr. olds - Rising 6th Grade



Parent Information Sheet

Registration and Tuition

- An annual registration fee and weekly tuition is required for your child to attend BCA Summer Camp.
- Tuition is due on Monday for the week. Please contact the school office at 864-297-6646 with questions.
- A late fee of \$10 will be applied to your weekly amount if not paid by closing on Tuesday of the week.
- Billing statements are not sent out unless your account is past due.
- Tuition is paid according to your schedule, whether your child is absent or in attendance.
- Payments may be made by cash, check, or credit card.
- Camp closes at 6:00 PM. Late charges are \$5 for every 5 minutes late.
- Returned checks will be charged a \$25 return fee.

Camp Times and Daily Procedures

- Your child will need to bring a lunch each day unless a special lunch day occurs. Information regarding that lunch day will be given to parents in advance.
- Each child needs an extra set of clothes should there be a need to change. Please label all clothing and personal items.
- Medication must be brought to the school office and a form giving permission to administer signed.
- Bathing suits should be modest in appearance for all ages.
- Field trip information and permission slips will be sent home one week in advance. Please watch for them. Additional costs may be incurred depending on the field trip.

Behavior

- BCA Summer Camp is designed for children who want to cooperate and participate in activities. If your child is having a behavior issue; aggression, defiant to authority, "bullying", etc., BCA reserves the right to dismiss any child whose behavior hampers or endangers another camper or staff member.

Health

- If a child show signs of illness, he/she may not be admitted to camp, or will be sent home.
- Children who have been ill may return to camp 24 hours after the last episode of vomiting or diarrhea, and 24 hours after a fever of 100 or above, without use of a fever reducing medication.
- Children with lice or ring worm MUST be treated before returning to school.
- All medication MUST be given to the office to be dispensed by an office staff member.

Bridgeway Summer Program Parent Information Sheet

Parent Signature

I have received, read and understood, the Parent's Information Sheet, I will adhere to the policies as stated on the sheet.

(Parent/Guardian Name - Please Print)

(Parent/Guardian Signature)

(Date Signed)



Phone: 864-297-6646
 Fax: 864-627-1101
 www.bridgewayacademy.net

BCA Summer Camp Registration Form

Registration

Child #1 Name: _____

Date of Birth ____/____/____ Age by 6/1/17 ____

(Circle One) Male/Female Rising Grade _____

School: _____

Child #2 Name: _____

Date of Birth ____/____/____ Age by 6/1/17 ____

(Circle One) Male/Female Rising Grade _____

School: _____

Child #3 Name: _____

Date of Birth ____/____/____ Age by 6/1/17 ____

(Circle One) Male/Female Rising Grade _____

School: _____

Family Information

Parent/Guardian #1 Name: _____

Email address _____

Address _____

Contact # _____

Second Contact # _____

Parent/Guardian #2 Name: _____

Email address _____

Address _____

Contact # _____

Second Contact # _____

Others Allowed for Pick Up:

Enrollment Agreement:

I understand that I am responsible for paying for every week my child is enrolled in the summer program. I understand fees and deposits are non-refundable.

Parent's Initial: _____ Date: ____/____/____

Health Information

Insurance Information

Is this child(ren) covered by family/medical hospital insurance? Yes or No Carrier? _____

Group Policy # _____

Name of Insured: _____

Relationship to Child _____

Preferred Hospital _____

Allergies (List ALL allergies, medicines/dosages, and dietary restrictions)

Child #1 _____

Child #2 _____

Family Physician

Name _____

Phone _____

Additional Information Our Staff Should Know:

Parent/Guardian Agreement (Read Carefully)

I have received a copy of the summer schedule and I understand the hours of operation as well as late fees.

I give consent for my child to be transported by staff in the school bus or approved vehicles for field trips.

In the event of emergency, if I cannot be reached, I authorize personnel to provide the necessary first aid and medical care for my child(ren).

I release BCA from liability in the event of an accident or injury to my child(ren).

I understand that my child(ren) may be photographed for use in social media, such as Facebook and the school website.

I understand and agree to all of the above statements.

Signature _____ Date _____

2017 BCA Summer Camp Registration Calendar

Phone: 864-297-6646, Fax: 864-627-1101, www.bridgewayacademy.net



Welcome to summer camp at BCA! Your child may join as a:

- weekly camper, attending every day - all day
- full day camper, attending one or more selected full days each week
- half day camper, attending one or more selected half days each week

Week	Dates	Weekly Camper	Full Day Camper	Half Day Campers	Circle One	Hourly Camper
Week 1	June 5-9	\$150 weekly	8:30-5:00 - \$38	8:30-12:30 or 12:30-5:00	- \$20	\$5 Per Hour
Week 2	June 12-16	\$150 weekly	8:30-5:00 - \$38	8:30-12:30 or 12:30-5:00	- \$20	\$5 Per Hour
Week 3	June 19-23	\$150 weekly	8:30-5:00 - \$38	8:30-12:30 or 12:30-5:00	- \$20	\$5 Per Hour
Week 4	June 26-30	\$150 weekly	8:30-5:00 - \$38	8:30-12:30 or 12:30-5:00	- \$20	\$5 Per Hour
Week 5	July 3-7	Mid Summer Vacation - No Camps This Week				
Week 6	July 10-14	\$150 weekly	8:30-5:00 - \$38	8:30-12:30 or 12:30-5:00	- \$20	\$5 Per Hour
Week 7	July 17-21	\$150 weekly	8:30-5:00 - \$38	8:30-12:30 or 12:30-5:00	- \$20	\$5 Per Hour
Week 8	July 24-28	\$150 weekly	8:30-5:00 - \$38	8:30-12:30 or 12:30-5:00	- \$20	\$5 Per Hour
Week 9	July 31-Aug. 4	\$150 weekly	8:30-5:00 - \$38	8:30-12:30 or 12:30-5:00	- \$20	\$5 Per Hour
Week 10	August 7-11	\$150 weekly	8:30-5:00 - \$38	8:30-12:30 or 12:30-5:00	- \$20	\$5 Per Hour

- **Non-refundable Enrollment Fee (per child) of \$30.00 Due with Application**
- **Early Arrival (7:30-8:30) and Late Stay (5:00-6:00) - Free to All Campers**
- **Additional Participation Fees for Special Activities May Apply**
- **Multi-Child Discounts: 5% Discount Per Week for Each Additional Child**
- **Weekly Automatic Credit Card Drafts Available**

For Office Use Only

Enrollment Fee: _____

Estimated Weekly Fee: _____

Enrollment Forms

Completed _____