



# 2021 CFC ACADEMY FUN IN THE SUN SUMMER CAMP REGISTRATION FORM

CAMPER STATUS:		CONTACT INFORMATION:
<input type="checkbox"/> New Camper	<input type="checkbox"/> Returning Camper	101 South Peachtree Street P.O. Box 510 Creedmoor, NC 27522 <b>OFFICE:</b> (919) 528-1581 ext. 112 <b>FAX:</b> (919) 528-4380 <b>WEBSITE:</b> www.cfcacademy.com
Grade to Enter in Fall 2021: _____		
<p><b>Non-refundable Registration fee of \$35.00 due to reserve space prior to the date selected for camp.</b></p>		

## SUMMER ADVENTURES CAMP (K-6TH GRADES)

Please indicate weeks attending with a check mark.

_____ June 7 – June 11	_____ June 28 – July 2	_____ July 19 – July 23	_____ August 9 – August 13
_____ June 14 – June 18	_____ July 6 – July 9	_____ July 26 – July 30	
_____ June 21 – June 25	_____ July 12 – July 16	_____ August 2 – August 6	

Please read carefully and complete all of the following information.

CAMPER INFORMATION:				
Last Name:		First Name:		Middle Name:
Home Address:			City:	State:
Zip Code:	Child Birthdate: / /	Gender (Male or Female):	Name of Present or Last School Attended:	
Has your child been diagnosed with autism, dyslexia, ADD, or ADHD?		Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please explain:	
FATHER'S/MOTHER'S/GUARDIAN'S EMERGENCY CONTACT & CHILD RELEASE INFORMATION:				
<i>Please list in order of priority the names, addresses, and phone numbers of the persons you wish us to contact in the event you cannot be reached in an emergency. This list will also be used if your child has not been picked up from school on time or for student release authorization.</i>				
Last Name:	First Name:	Preferred Contact Number:	Relationship to Child: <i>(circle one)</i> Father   Mother   Guardian   Other	
Last Name:	First Name:	Preferred Contact Number:	Relationship to Child: <i>(circle one)</i> Father   Mother   Guardian   Other	
Last Name:	First Name:	Preferred Contact Number:	Relationship to Child: <i>(circle one)</i> Father   Mother   Guardian   Other	





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## CURRENT HEALTH STATUS

### CHILD'S NAME:

Last Name:

First Name:

Middle Name:

1. Does the child have any chronic health problems?

Yes  No

If yes, please describe:

2. Does the child use any medication regularly?

Yes  No

If yes, please describe:

3. Does the child have: (Check all that apply)

Asthma:  Hay Fever:  Diabetes:  Migraines:   
Seizures:  Hypoglycemia:  Heart Problems:  Allergies:

Please list all allergies (including food allergies):

4. Does the child have any physical limitations?

Yes  No

If yes, please describe:

5. Does the child have difficulty hearing?

Yes  No

Does the student wear hearing aides? Yes  No

6. Does the child have difficulty seeing?

Yes  No

Will the child wear glasses or contact lenses at the camp? Yes  No

### CONSENT:

I hereby give consent to Christian Faith Center Academy to obtain medical attention for my child in the event of an emergency.

I hereby give consent for my child to attend camp sponsored field trips.

\_\_\_\_\_  
*Signature of Parent/Guardian*

\_\_\_\_\_  
*Date*

Please notify the school office of any changes in address, phone numbers, emergency information or other vital information.





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Please read carefully and complete all of the following information.

## PARENTAL AGREEMENT INFORMATION

### TRANSPORTATION/ACTIVITY PERMISSION & RELEASE FORM

By signing below, I grant permission for my child,

\_\_\_\_\_ (Print Child's Name), to participate in all trips and activities with Christian Faith Center Academy (hereinafter "CFC Academy"), as provided by the CFC Academy Summer Camp. Activities covered under this Form include, but are not limited to, any and all trips associated with the Camp; all indoor and outdoor play and activities; and all other activities normally associated with Summer Camps.

I release, forever discharge and agree to hold harmless CFC Academy, Christian Faith Center, its directors, employees and agents thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature, which may be incurred by the undersigned and the child while said child is participating in any trip or activity associated with the Camp.

In addition, I further agree to hold harmless and indemnify CFC Academy, Christian Faith Center and its directors, employees and agents for any damages caused by the actions of my child, including any expenses incurred as a result of my child's actions.

I also acknowledge that my child's participation in Camp activities and trips is contingent upon my child obeying the policies and rules as provided by the Camp. If my child participates in any activities that are disruptive or threaten the safety or enjoyment of the Camp by the other participants, they may be subject to removal from the Camp or specific activities and trips.

I further consent to the administration of first aid and/or doctor's care for my child, or any other form of medical treatment necessitated by illness or injury that may arise during the respective trip or activity.

\_\_\_\_\_  
Parent's or Guardian's Name - Please Print Name

\_\_\_\_\_  
Child's Names - Please Print Name

\_\_\_\_\_  
Parent's or Guardian's Signature

\_\_\_\_\_  
Date





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Please read carefully and complete all of the following information.

## PARENTAL AGREEMENT INFORMATION

### DISCIPLINE AND BEHAVIOR MANAGEMENT POLICY

Praise and positive reinforcement are effective methods of the behavior management of children. When children receive positive, nonviolent, and understanding interactions from adults and others, they develop good self-concepts, problem solving abilities, and self-discipline. Based on this belief of how children learn and develop values, this facility will practice the following discipline and behavior management policy:

#### WE DO:

- DO praise, reward, and encourage the children.
- DO reason with and set limits for the children.
- DO model appropriate behavior for the children.
- DO modify the classroom environment to attempt to prevent problems before they occur.
- DO listen to the children.
- DO provide alternatives for inappropriate behavior to the children.
- DO provide the children with natural and logical consequences of their behaviors.
- DO treat the children as people and respect their needs, desires, and feelings.
- DO ignore minor misbehaviors.
- DO explain things to children on their levels.
- DO use short supervised periods of "time-out"
- DO stay consistent in our behavior management program.

#### WE DO NOT:

- DO NOT spank, shake, bite, pinch, push, pull, slap, or otherwise physically punish the children.
- DO NOT make fun of, yell at, threaten, make sarcastic remarks about, use profanity, or otherwise verbally abuse the children.
- DO NOT shame or punish the children when bathroom accidents occur.
- DO NOT deny food or rest as punishment.
- DO NOT relate discipline to eating, resting, or sleeping.
- DO NOT leave the children alone, unattended, or without supervision.
- DO NOT place the children in locked rooms, closets, or boxes as punishment.
- DO NOT allow discipline of children by children.
- DO NOT criticize, make fun of, or otherwise belittle children's parents, families, or ethnic group

I, the undersigned parent or guardian of \_\_\_\_\_ (child's full name), do hereby state that I have read and received a copy of the facility's Discipline and Behavior Management Policy and that the facility's director/coordinator (or other designated staff member) has discussed the facility's Discipline and Behavior Management Policy with me.

\_\_\_\_\_  
Parent's or Guardian's Name - Please Print Name

\_\_\_\_\_  
Child's Names - Please Print Name

\_\_\_\_\_  
Parent's or Guardian's Signature

\_\_\_\_\_  
Date