

SOAR 2018 Registration Form

Spanish River Christian School
2400 Yamato Road • Boca Raton, FL 33431

A non-refundable enrollment fee of \$50 for your first child and \$25 for each additional child is due with your completed SOAR registration form.

To reserve and guarantee your child's camp enrollment, full tuition payment and all forms, with required documents, must be submitted. Space is limited and will be on a first come basis.

STUDENT INFORMATION (May put up to three campers on one application.) PLEASE PRINT

Student's Name	Birth Date	Sex (M/F)	Grade Completed	School Attended	Age (as of 6/1/18)
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Camp runs Monday through Friday (except week 4, no camp July 4) full days from 8:30 AM – 3:30 PM, or half-days, 8:30 – Noon (available for junior campers only). Aftercare until 5:30 p.m. and Early Bird from 7:30 a.m., are available for an additional daily charge (see camp brochure for fees). Tuition is \$265 per week (except Week 4, which is \$212); half-day tuition is \$160 per week. A 10% tuition discount applies when enrolling more than one child. Indicate below the name(s) of your camper(s), and place a check mark under the week(s) for which you are registering.

Name of Camper	Shirt Size **	Week 1 6/11 – 6/15		Week 2 6/18 – 6/22		Week 3 6/25 – 6/29		Week 4 7/2 – 7/6		Week 5 7/9 – 7/13		Week 6 7/16 – 7/20	
		half	full	half	full	half	full	(no camp 7/4)		half	full	half	full

**** Indicate Camper's T-shirt size as follows: YS, YM, YL, YXL (Youth sizes) or AS, AM, AL (Adult sizes)**

Parent Information

Marital status: _____ Married _____ Separated _____ Divorced _____ Widowed

Student(s) resides with: _____ Parents _____ Mother _____ Father _____ Guardian

Person(s) responsible for SOAR fees: _____ Parents _____ Mother _____ Father _____ Guardian

Mother's name: _____ Email: _____

Address: _____
Street City State Zip

Home phone: _____ Cell phone: _____

Employer: _____ Phone: _____

Father's name: _____ Email: _____

Address: _____
Street City State Zip

Home phone: _____ Cell phone: _____

Employer: _____ Phone: _____

General Information

1. Indicate the nature of any physical conditions, allergies, etc. that might limit physical activity.

2. Does your child have any behavior or physical conditions which might affect his/her participation in camp activities? (SOAR Camp does not have special programs to accommodate campers with learning disabilities.)

Fee Payment Policies

I have read the handbook and agree to pay all camp fees and understand that failure to do so could result in my child not being admitted to camp.

Parent's or Legal Guardian's Statement

In the event my child becomes ill or is injured during SOAR, I approve the school authorities to take the following steps:

1. Contact a parent of the student and follow his/her instructions.
2. In the event neither parent can be reached, contact the emergency numbers given by the parent; then contact the physician.
3. If the student's physician cannot be reached, the school authorities will use their own discretion in contacting a properly licensed physician and following his/her instruction, or calling 911.

If, in the opinion of a properly licensed and practicing physician, my child needs medical or surgical services which require my consent before being supplied and I cannot be reached, I hereby authorize, appoint and empower the Headmaster, or designee, to furnish on my behalf oral or written authorization as may be required. Further, I release the Headmaster, or designee, the school and Spanish River Presbyterian Church from any liability that may arise from the giving of such authorization. It is my desire that my child be furnished with such medical and/or surgical services as soon as possible after the need arises. I also agree to accept responsibility for the cost of the above medical services.

Statement of Cooperation

1. The information given on this form is accurate to the best of my knowledge.
2. I agree to pay all my financial obligations to SRCS on or before the due date.
3. I agree to support the spiritual, educational & disciplinary standards of the school as stated in our Student Handbook.

Cancellation Policy

Notification of cancellation at least 14 days prior to your child's scheduled week(s) at camp will result in a full refund of the tuition (not including enrollment fee). No refund will be given if cancellation is received fewer than 14 days in advance of the start of the scheduled week of camp. However, camp tuition may be applied to another weekly session, subject to availability, if notification is received within one week of the start of the scheduled camp session.

Parent or Legal Guardian

Parent or Legal Guardian

Date

Credit Card Information is Required: (Circle One) MASTER CARD DISCOVER VISA AMERICAN EXPRESS

Credit Card #: _____ Expiration Date: _____ CCV Code: _____
(on back of card)

Date

Cardholder Signature