

*2nd Annual
Sensational Summer Camp
At Maranatha Christian Academy*

This summer we are proud to offer a 9 week summer camp program. Each week we will have a different theme and field trip. The different activities each week will include:

- Super Scholars Educational Activities • Shake Down Sessions
- Splash-n-Soak (Water fun) • Stunning Arts, Crafts & Spiffy Games

Each child will receive a Vacation Station Workbook. These grade appropriate books strengthen reading, writing, and arithmetic skills and will be used during our Super Scholars Time.

We ask that your commitment be for any combination of 4 weeks. Camp runs from 7:30am-4:30pm (late pickup fees will apply to children picked up after 4:30pm) and is available for children 4 to 12 years old. You provide your child's lunch and we provide the snack. All children must be self-sufficient in the restroom.

June 2 – June 6	Neighborhood Helpers	Fire Station
June 9 – June 13	Chefs in the Making	Papa's Pizza
June 16 – June 20	A Day at the Beach	Bogan Park
June 23 – June 27	Olympics	Putt Putt Golf
June 30 – July 3	When I Grow Up	INK
July 7 – July 11	I Love the USA	Military Base
July 14 – July 18	Farm Life	Mayfield Dairy
July 21 – July 25	Home Run Derby	Park
July 28 – Aug 1	Camp Memories	Monkey Joes

How to Register:

Fill out the registration form and return it along with the registration fee of \$50 (per child) by May 9, 2008 to:

Maranatha Christian Academy
P.O. Box 877
Oakwood, Georgia 30566

Cost for Camp:

\$150 per week for 1st child
\$125 for each additional sibling

*Maranatha Christian Academy
Sensational Summer Camp Registration Form*

Child(ren)'s Name _____ Current Grade in 2008-09 _____ Sex _____

Parent(s) Name _____
Address _____
City, ST, Zip _____
Home Phone _____
Cell _____ Work _____
Emergency Contact _____
Emergency Phone _____
School Currently Attending _____
Are there any current medical conditions we should be aware of?

How did you hear about our program? _____

Circle all weeks for which you are in registering:

6/2 - 6/6	7/7 - 7/11
6/9 - 6/13	7/14 - 7/18
6/16 - 6/20	7/21 - 7/25
6/23 - 6/27	7/28 - 8/1
6/30 - 7/3	

The weekly cost of camp is payable at the beginning of each week. The registration fee of \$50 is due at time of registration. Checks should be made out to:

**Maranatha Christian Academy
PO Box 877
5135 McEver Road
Oakwood, GA 30566
Phone: 770-536-6334
Fax: 770-531-9625**

Maranatha Christian Academy
Sensational Summer Camp 2008
Medical Information and Emergency Authorization

Date _____

Child's Name _____ DOB _____ Grade _____ Age _____

Address _____ Home Phone _____

Child's Physician _____ Phone _____

Father / Step Father _____ Home Phone _____

Employer _____ Work Phone _____ Cell Phone _____

Mother / Step Mother _____ Home Phone _____

Employer _____ Work Phone _____ Cell Phone _____

Is there a child custody agreement in place? No ___ Yes ___ If yes, please provide a copy of the official court documents detailing the terms of the custody.

I give the Summer Camp Staff at MCA permission to administer these medications when needed IBUPROFEN / ACETAMINEPHIN / ASPIRIN / ANTACID / NONE (circle those you approve of). Correct dosing will be given based on medication directions.

Does your child have allergies or asthma? _____

Please note: Students are not allowed to carry medications of any kind on their person.

Does your child require a prescribed sting kit/epinephrine? Yes ___ No ___. If yes, parent/guardian must provide one to the school office with physician's permit. By signing this form you authorize MCA to administer the medication.

Regular Medications _____

Other medical information _____

Insurance Carrier/Phone # _____ Policy Number _____

Emergency Contact (Friends or Relatives Names with Daytime and Cell Phone Numbers -- Attempt will be made to contact Parent/ Guardian first)

1. _____ Phone #'s _____ Relationship _____

2. _____ Phone #'s _____ Relationship _____

3. _____ Phone #'s _____ Relationship _____

In case of emergency or serious illness, we request the school contact us first. If we are not available, please contact the designated emergency contact. If the emergency contact cannot be reached, the school has our permission to make whatever arrangements deemed necessary for our child(ren)'s treatment. If the emergency is life-threatening and we cannot be reached, the physician has permission to act accordingly absolving the school of any liability. Any such person or entity may rely upon a photocopy of this Authorization and Consent as being fully effective and binding upon us as if it were an executed original. This statement of cooperation will serve as a blanket permission slip for the summer camp from May 1, 2008 to Aug 2, 2008.

General Waiver

I agree and do hereby release and discharge Maranatha Christian Academy and any summer camp employee or other person involved in a summer camp related activity from all claims, present and future, known and unknown, in any manner arising out of same activities, held on or off campus. I further understand and agree that this release shall hold Maranatha Christian Academy and any teacher, employee or other person engaged in school activities or school sponsored sport harmless from any and all liability to my child(ren) and further, I agree to hold them harmless from any loss of property to my child(ren) that may occur during school-related activities.

Date _____ Parent/Guardian _____

Date _____ Parent/Guardian _____