



## **Summer Program, 2017 Welcome Packet**

Greetings!

Thank you for your interest in having your child attend the ECA Summer Program. We are looking forward to a GREAT time! Ms. Billi Jo Nichols will be directing this year's Summer Camp.

Ms. Billi Jo Nichols: Billi Jo is Emmanuel Christian Academy's K5 teacher. She has been an elementary teacher for the past 15 years. Before coming to Emmanuel Christian Academy she spent many years assisting her school with a summer day camp program. She is excited to spend the summer with your child!

Our Team is eagerly putting together the weekly themes and activities and I can, without hesitation, confirm that the summer camp program is gearing up to be a fun-filled, action-packed adventure!

Please return your completed enrollment paperwork as soon as possible, with the first week's payment, so we can finalize your registration.

Once again, let me say how excited we are to be planning the events for the Summer Camp Program at ECA!

Summer Camp Director

\*Please direct any questions to the ECA office: 860-667-3407



**Summer Program, 2017**  
**Enrollment Form**

**Names & Addresses:**

Student Name: \_\_\_\_\_ Birthday: \_\_\_\_\_ Grade entering in the fall \_\_\_\_\_

Student Name: \_\_\_\_\_ Birthday: \_\_\_\_\_ Grade entering in the fall \_\_\_\_\_

Address: \_\_\_\_\_

Parents Name \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mom's Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Dad's Cell Phone: \_\_\_\_\_

**Please mark the days/times in which your child will be attending.**

**DAYS:**

**TIMES:**

WEEK 1: June 5-9    \_\_\_ M \_\_\_ T \_\_\_ W \_\_\_ Th \_\_\_ F Drop-Off: \_\_\_\_\_ Pick-Up: \_\_\_\_\_

WEEK 2: June 12-16    \_\_\_ M \_\_\_ T \_\_\_ W \_\_\_ Th \_\_\_ F Drop-Off: \_\_\_\_\_ Pick-Up: \_\_\_\_\_

WEEK 3: June 19-23    \_\_\_ M \_\_\_ T \_\_\_ W \_\_\_ Th \_\_\_ F Drop-Off: \_\_\_\_\_ Pick-Up: \_\_\_\_\_

WEEK 4: June 26-30    \_\_\_ M \_\_\_ T \_\_\_ W \_\_\_ Th \_\_\_ F Drop-Off: \_\_\_\_\_ Pick-Up: \_\_\_\_\_

WEEK 5: July 3-7    **M**    **T** \_\_\_ W \_\_\_ Th \_\_\_ F Drop-Off: \_\_\_\_\_ Pick-Up: \_\_\_\_\_  
**Closed**    **Closed**

WEEK 6: July 10-14    \_\_\_ M \_\_\_ T \_\_\_ W \_\_\_ Th \_\_\_ F Drop-Off: \_\_\_\_\_ Pick-Up: \_\_\_\_\_

WEEK 7: July 17-21    \_\_\_ M \_\_\_ T \_\_\_ W \_\_\_ Th \_\_\_ F Drop-Off: \_\_\_\_\_ Pick-Up: \_\_\_\_\_

WEEK 8: July 24-28    \_\_\_ M \_\_\_ T \_\_\_ W \_\_\_ Th \_\_\_ F Drop-Off: \_\_\_\_\_ Pick-Up: \_\_\_\_\_

WEEK 9: July 31-Aug 4    \_\_\_ M \_\_\_ T \_\_\_ W \_\_\_ Th \_\_\_ F Drop-Off: \_\_\_\_\_ Pick-Up: \_\_\_\_\_

WEEK 10: Aug 7-11    \_\_\_ M \_\_\_ T \_\_\_ W \_\_\_ Th \_\_\_ F Drop-Off: \_\_\_\_\_ Pick-Up: \_\_\_\_\_

WEEK 11: Aug 14-18    \_\_\_ M \_\_\_ T \_\_\_ W \_\_\_ Th \_\_\_ F Drop-Off: \_\_\_\_\_ Pick-Up: \_\_\_\_\_

***We would like to purchase hot lunch every day***



# EMMANUEL

## CHRISTIAN ACADEMY

### Billing:

I understand that by signing my child up for the Summer 2017 session I am agreeing to pay:

Tuition Rate: **Plan A:** \$145 weekly for 4-5 days

**Plan B:** \$100 weekly for 3 days or less per week

*\*Multiple Student discount for full time students: \$120 weekly for second child, \$100 for third.*

\* A **Before-Care** or **After-Care Fee** of \$10 will be charged for each child who is dropped off before 8:00am or picked up after 4:00pm.

Before Care - 7am - 8am

After Care - 4pm - 5pm

Payments will be billed on a monthly basis by email through FACTS. New families to our school will need to create an account at the following link: <https://online.factsmgt.com/signin/3JHM3>. First week's payment is to be paid in the office at time of enrollment. A late fee of \$30 will be added to the account for payments not received 10 days after the due date. A payment that is not received 10 days after the due date will result in a child not being allowed to attend the program until said payment is made.

The days you sign up for you will be **obligated to pay for**, whether your child attends on those days or not; therefore, PLEASE be certain that the days you sign-up for are actually the days that your child will be attending (*this includes all 3 months!*) You must contact the Director for availability if they would like to add or change a day. A Change-my-Day Fee of \$5.00 will be applied and additional days will be billed according to the tuition rate plans.

Hot lunches will be available daily for \$5.

Monday - Hot Dogs

Tuesday - Grilled Cheese

Wednesday - Chicken Nuggets

Thursday - Macaroni & Cheese

Friday - Pizza

Each meal will come with chips and a drink.

\*\*I also acknowledge that additional fees will be charged for field trips such as: petting zoos, parks, museums etcetera.

\*ALL accounts with ECA must be at a 0 (zero) balance before a child can be considered enrolled or attend.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**RETURN this form to the ECA Office on or before: May 26th.**



## **Summer Program, 2017 Guidelines**

### **Student Commitment:**

*Please go over the following guidelines with your child:*

I, \_\_\_\_\_ make a commitment to God,  
(Name of child)  
myself and the Emmanuel Christian Academy Summer Camp staff to comply with the following guidelines:

- I will use my inside voice at Summer Camp. I understand that this shows self-control and expresses my best character.
- I will keep my hands, feet and all other body parts to myself. This shows that I respect my friends and Summer Camp family.
- I will use all furniture in the correct way. This includes use of computers, keyboards and monitors, tables, chairs, creative centers, desks, couches, carts, van/car seats, etc... This shows that I respect the Summer Camp property.
- I will follow instructions, responding the first time I am asked. This reveals my confidence and respect for self and others.
- I will speak politely to my friends and to the Summer Camp staff members. I will refrain from arguing and/or talking back to staff members. This shows respect for others, myself, and my reputation.
- I will not bully my friends or Summer Camp family members. This means that I will refrain from intentional verbal or written name-calling, hiding or taking another person's belongings, teasing, hitting or throwing objects at another person or any other demeaning or excessive behavior that is intentionally directed at another person.
- When it is time to go home, I will clean up and put away toys and will quickly meet my parent(s). This shows that I care about my program and that I and my parents are supporting each other in learning how to be responsible.
- I will use words that are respectful and pleasing to God. This means that I will choose my words carefully when I think, speak, write or input words on the computer keyboard.
- Electronic devices may be brought to camp but an "At Your Own Risk" policy will be administered. If an electronic device is brought in, it **MUST** be turned in at Check-In Time. The Summer Staff will allow it to be checked out at appropriate times. It is the **PARENT'S** responsibility to make sure that all personal electronic devices are taken home at Check-Out Time (ECA is not responsible for any lost or stolen electronic devices).



## Dress Code:

The following guidelines are provided to assist you in making decisions on what to wear during Summer Day Camp:

- Please send in a towel and an extra pair of clothing (including underwear) in a ziplock bag along with sunscreen with your child's name on it. **These items WILL STAY AT THE CAMP for the duration of the summer.**
- **Shirts (including T-shirts):** Please choose shirts that help to express good character. Slogans, sayings, or advertisements which are objectionable should be avoided. No strapless tube tops or shirts that expose the midsection and/or any undergarments are not permitted.
- **Shorts or pants:** Please wear pants, capris or knee length shorts.
- **Shoes: Sneakers (w/ socks) ONLY / NO Flip-flops**  
(we will have many running activities and flip-flops may cause injuries)
- **Sunscreen:** Please put SUNSCREEN on your child PRIOR to their arrival. You may also send in sunscreen but please LABEL the container. The sun-screen will remain at Summer Camp for the duration of the program.
- **Please send in a water bottle with your child every day**
- **Please dress your student in dark clothes on water days**

**The Emmanuel Christian Academy Camp Director and staff members, in consultation with the child/youth and parent, reserve the right to have the final word on excessive, exaggerated, faddish or safety dress code concerns.**

I understand all of these guidelines and will follow them to the best of my ability. I also understand that if I fail to keep my commitment I may be corrected by a Emmanuel Christian Academy Summer Camp staff member and that my parents may be notified.

Student's Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_



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**Emergency Information, Rider Release,  
Medical Release, & Authorization for Summer Camp 2017**

**Emergency & Medical Information**

\_\_\_\_\_  
Student Name (1) Allergies, Conditions, Medications, Special Needs, etc

\_\_\_\_\_  
Student Name (2) Allergies, Conditions, Medications, Special Needs, etc

\_\_\_\_\_  
Student Name (3) Allergies, Conditions, Medications, Special Needs, etc

Insurance/Care Provider: \_\_\_\_\_ Group/Medical #: \_\_\_\_\_

Physician: \_\_\_\_\_ Preferred Hospital: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

*People to contact, other than parents, in case of emergency or illness, and who also can pick up my student(s) from ECA.*

\_\_\_\_\_  
Name Home Phone Cell Phone Relation

\_\_\_\_\_  
Name Home Phone Cell Phone Relation

**Authorization for Emergency Medical Services**

In the event of a medical emergency, I understand that every effort will be made to contact the parent(s) or the guardians(s) of the student. In the event that I cannot be reached, I hereby give permission to the staff of Emmanuel Christian Academy to hospitalize and/or secure proper treatment for my child. I also affirm that the medical information stated in this for is complete and accurate.

**Authorization for Excursions and Field Trips**

I hereby consent to have my child participate in walks, field trips, and special outings (by car, bus, or van) supervised by the teaching staff, away from school grounds to points of interest throughout the summer. I understand that I will be notified by my student's teacher of such outings and of any cost associated with it.

**Authorization for ECA to use photos of my child on facebook, instagram, or the ECA website.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date