



# Mauldin Christian Academy

## Summer Camp CHECKLIST

for 2019/2020

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Students Name: \_\_\_\_\_

Below is a list of items that we must have on file for each student. All items must be on file before we can allow your student to start in our program.

- MCA Draft Form Agreement (should already be in file but print off website if needed)
  - Emergency Contact Information Form
  - Enrollment Form
  - Behavior Contract
  - Pick Up Authorization Form
  - Field Trip Permission Form
  - Media Release Form
  - Current Immunization Certificate
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Mauldin Christian Academy

**Summer Camp**

ACH (Auto Draft) Agreement

**\*\*EVERYONE MUST FILL OUT A NEW FORM COMPLETELY, EVEN RETURNING FAMILIES – RATES WILL CHANGE YEARLY\*\***

Name of Child/Children:	Grade Completed
1) _____	_____
2) _____	_____
3) _____	_____

Name of Parent/Guardian: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Summer camp will only draft weekly. Please fill in amount expected to be drafted:

\_\_\_\_\_ Weekly- Friday \$ \_\_\_\_\_

Multi Child Discount

*\*Totals subject to verification*

I (we) hereby authorize Mauldin Christian Academy, to initiate debit entries to my (our) account indicated below. I understand there will be a \$30 fee for insufficient funds. **Any changes must be made 7 business days before the scheduled draft.**

Account Holder Name: \_\_\_\_\_  
 Routing number: \_\_\_\_\_  
 Account number: \_\_\_\_\_

Checking Account       Savings Account

Signature \_\_\_\_\_

**\*Form due upon registration**

Office Use Only:	2019-20 MCA
Enroll Date: _____	NSF: _____
ACH Date: _____	

*“Train up a child in the way he should go. And even when he is old, he will not depart from it.”  
Proverbs 22:6*





# FBC Mauldin Christian Academy

## Emergency Contact Form

### Summer Camp 2019

Child's Name \_\_\_\_\_ Birth date \_\_\_\_\_

Name Used \_\_\_\_\_ Sex M F Family Code Word: \_\_\_\_\_

Home Address \_\_\_\_\_ City, Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_

Father's Name \_\_\_\_\_ Phone: HM \_\_\_\_\_ WK \_\_\_\_\_ Cell \_\_\_\_\_  
(listed or unlisted)

Occupation/Place of Employment \_\_\_\_\_

Mother's Name \_\_\_\_\_ Phone: HM \_\_\_\_\_ WK \_\_\_\_\_ Cell \_\_\_\_\_  
(listed or unlisted)

Occupation/Place of Employment \_\_\_\_\_

Father's Driver's License# \_\_\_\_\_ Mother's Driver's License# \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Allergies (food, drug) \_\_\_\_\_

Special Medical/Learning Diagnosis \_\_\_\_\_

Medicines your child is currently taking Name: \_\_\_\_\_ Amount Taken : \_\_\_\_\_

Health Insurance Information (include policy or group #s) \_\_\_\_\_

Hospital Preference \_\_\_\_\_

Local Friend(s) or relative(s) childcare personnel may contact in case parents **cannot be reached in an emergency only:**  
(Please notify these people their names are on file with us.)

Name \_\_\_\_\_ Phone HM \_\_\_\_\_ WK \_\_\_\_\_ Cell \_\_\_\_\_

ID# (driver's license) \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone HM \_\_\_\_\_ WK \_\_\_\_\_ Cell \_\_\_\_\_

ID# (driver's license) \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

In case of a medical need involving my child, I request the child care staff to contact me or my spouse at the numbers provided. In the event that we cannot be reached, I authorize the child care staff to obtain emergency medical care for my child.

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

\_\_\_\_\_  
Date



# FBC Mauldin Christian Academy Enrollment Form Summer Camp 2019

Date of Enrollment \_\_\_\_\_

Grade Completed \_\_\_\_\_

## Identifying Data:

Child's Name \_\_\_\_\_ Birth date \_\_\_\_\_  
*Last First Middle*

Name Used \_\_\_\_\_ Sex M F

Student Lives with \_\_\_\_\_

Who is Financially Responsible for the Student's Account? \_\_\_\_\_

Please list the names, relationship and ages of all brothers, sisters and other members of your child's usual household:

NAME	RELATIONSHIP	AGE

If parents are separated or divorced, with whom does the child live with and what relationship are they to the child? Please include any special instructions regarding custody. Attach court documentation if applicable. \_\_\_\_\_

## MEDICAL SECTION

Does your child have any **environmental** allergies?

\_\_\_\_\_

Does your child have any **food** allergies?

\_\_\_\_\_

Does your child take or carry any special medicine for their allergies, such as an "Epi-Pen"? Please describe:

\_\_\_\_\_

Please list any medications taken for attention deficit, behavioral conditions, and/or emotional conditions.

\_\_\_\_\_

Does your child have any emotional disturbances or physical handicaps?

\_\_\_\_\_



# FBC Mauldin Christian Academy Enrollment Form Summer Camp 2019

## EDUCATIONAL BACKGROUND

Has your child ever been suspended from, expelled from or asked not to return to a school, afterschool or summer camp for any reason?

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Has your child had discipline problems in their school or previous afterschool or summer program? YES NO

If yes, please explain \_\_\_\_\_

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# Mauldin Christian Academy

150 South Main Street

Mauldin SC 29662

864-288-1917

fax: 864-679-1623

## Behavior Contract

Due to the many field trips and the busy schedule we have this summer, these are the basic rules we expect the children to follow. If these rules are continuously broken, a written warning will be sent home. After two written warnings the child will lose the next field trip. If your child loses a field trip, they will not be able to attend summer camp at the Academy for the day. You will need to find an alternative place for them to stay, and you will not be given a tuition credit for the day. This policy will only be implemented for severe cases of misbehavior.

1. I will respect my teachers and friends at all times.
2. I will follow directions and obey the summer camp teachers.
3. I will not hit my friends or teachers.
4. I will not use profanity.

I agree to pay for, or replace, any property or items that my child intentionally destroys at Mauldin Christian Academy. This includes any destruction done to the church or other properties that we visit.

Please sign and return. We must have this returned for your child to participate in the activities of summer camp.

Thank you,  
Summer Camp Staff

Child's Name (print) \_\_\_\_\_

Parent Signature \_\_\_\_\_

Child Signature \_\_\_\_\_



# FBC Mauldin Christian Academy Pick Up Authorization Form Summer Camp 2019

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CHILD'S NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

The following people are authorized to pick up my child from FBC Mauldin Christian Academy:

Name: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Relation: \_\_\_\_\_

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

Date: \_\_\_\_\_





# **FBC Mauldin Christian Academy Permission Slip for All Field Trips Summer Camp 2019**

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I give my consent for my child, \_\_\_\_\_, to be transported by Mauldin Christian Academy staff in Mauldin Christian Academy vehicles or staff personal vehicles; or vehicles owned and driven by parents of children within the program to all field trips. I will be notified of all field trips in advance. I understand that if I do not want my child to participate, I will need to make other arrangements for their care.

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_



## Media Release Form

Please read the content of this document regarding the use of media at Mauldin Christian Academy.  
Parents have the option to approve or deny the use their child's picture.

I am the parent and/or guardian of (please print) \_\_\_\_\_

I hereby authorize and give full consent to Mauldin Christian Academy to publish school related photographs in which my child appears while enrolled as a student in any and all programs of Mauldin Christian Academy. I agree that Mauldin Christian Academy may use these photographs in Academy brochures, school website, newsletters, advertising, poster displays, slide shows, videotapes, catalogs, CD-ROMS, and other school related publications without limitations or reservations. The use of my child's pictures is not dependent upon my child's future enrollment in the school.

\_\_\_\_\_ I approve and consent to the use of photographs subject to the terms mentioned above. I have the legal right to issue such consent.

\_\_\_\_\_ I DO NOT approve or consent to the use of photographs subject to the terms mentioned above. I have the legal right to deny such consent.

Parent's name (print) \_\_\_\_\_

Parent's signature \_\_\_\_\_

Date \_\_\_\_\_