



# Springfield Christian Summer Camp 2016

## Registration Packet

The following pages, along with a non-refundable registration fee (\$30 before April 1, \$50 after, payable by cash, check or credit), must be given to the SCS Office no later than **Friday, April 29, 2016 at 4:30pm.**

Please use an envelope and put your child(ren)'s name(s) on the front.

***Please fill out all forms completely!***

- Child Information
- SCSC Attendance Schedule
- Emergency & Pick Up Information
- Behavior Plan Acknowledgement
- SCSC Program Permission Form
- Pool Permission Form
- Medication Form
- SCS Technology and Data Service Usage Permission Form

**[OFFICE USE ONLY]**

**Non-refundable Registration  
Fee Paid (circle) \$30 or \$50**

Family: \_\_\_\_\_

Date Paid: \_\_\_ / \_\_\_ / 16

Tender (circle): Cash, Credit, or  
Check#: \_\_\_\_\_

School child(ren) attends:  
\_\_\_\_\_  
\_\_\_\_\_

**Note, during the school year, the SCS Office is open on weekdays from 7:30am to 4:30pm. Please keep the following dates in mind as you complete the forms:**

- Friday, April 1                      \$30 Early Bird Registration Deadline
- Friday, April 29                     \$50 Regular Registration Deadline
- Thursday, May 19                  Parent Meeting in Room 205 from  
6:30pm-7:30pm



## Child Information

Please provide the requested information below. Also, please indicate your child(ren)'s t-shirt size (for off-campus t-shirts). Sizes -Youth: S M L Adult: S M L XL  
\*\*Please keep in mind, we wash and DRY the shirts at SCSC. **The shirts will shrink!**

**1<sup>st</sup> Child's Name:** \_\_\_\_\_ **T-Shirt Size:** \_\_\_\_\_

**Grade Entering Fall 2016:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **D.O.B.:** \_\_\_\_\_

**Allergies:** \_\_\_\_\_ **Medications:** \_\_\_\_\_

### Special Concerns/Requirements

Please be as descriptive as possible and use the back if necessary. Our Staff need to familiarize themselves with your children. Let us know about medication schedules, potential allergic reactions, habits, temperament issues, energy level, tolerance of sun, etc. Also, please let us know if your child has ever been diagnosed with autism (including Asperger's or another spectrum disorder), ADHD, a learning disability, a psychiatric disorder, or other condition of which our staff should be aware to properly care for your child.

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**2<sup>nd</sup> Child's Name:** \_\_\_\_\_ **T-Shirt Size:** \_\_\_\_\_

**Grade Entering Fall 2016:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **D.O.B.:** \_\_\_\_\_

**Allergies:** \_\_\_\_\_ **Medications:** \_\_\_\_\_

**Special Concerns/Requirements (see explanation under 1<sup>st</sup> Child above)**

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**3<sup>rd</sup> Child's Name:** \_\_\_\_\_ **T-Shirt Size:** \_\_\_\_\_

**Grade Entering Fall 2016:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **D.O.B.:** \_\_\_\_\_

**Allergies:** \_\_\_\_\_ **Medications:** \_\_\_\_\_

**Special Concerns/Requirements (see explanation under 1<sup>st</sup> Child above)**

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**Marital Status of Parent(s):**  
( ) Married ( ) Separated ( ) Divorced  
( ) Other: \_\_\_\_\_

**Child(ren) Lives With:**  
( ) Both ( ) Mother ( ) Father  
( ) Other: \_\_\_\_\_

**\*\*If there is a divorce decree or court order pertaining to custody of the child, please provide a copy.**



### SCSC Attendance Schedule

Family Name: \_\_\_\_\_

Child(ren)'s Name(s): \_\_\_\_\_

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

Other address (if needed): \_\_\_\_\_

Email address: \_\_\_\_\_

**Please place an "X" in the boxes below on the days your child(ren) will attend Springfield Christian Summer Camp.** This is very important for scheduling our staff, facilities and activities. Since we must commit to our expenses up front, you will be responsible for full payment of all days that you register, regardless of whether child attends, or not. Your signature, below, is your commitment to complying with this highlighted area.

Available Schedule Options:

1. 5-Day Week option: M-F - \$150 per week, per child
2. 4-Day Week option: (any 4 days are accepted) - \$137 per week, per child
3. Daily/Flex Schedule option: Pick 1, 2 or 3 days in a week - \$42 per day per child

**IMPORTANT:** You must register for a **MINIMUM** of 15 days. If you do not register for a minimum of 15 days, the application will not be considered in the enrollment process.

	Mon.	Tues.	Wed.	Thurs.	Fri.
Week 1 May 30 - June 3	Memorial Day - Closed				
Week 2 June 6 - June 10					
Week 3 June 13 - June 17					
Week 4 June 20 - June 24					
Week 5 June 27 - July 1					
Week 6 July 4 - July 8	July 4 - Closed				
Week 7 July 11 - July 15					
Week 8 July 18 - July 22					
Week 9 July 25 - July 29					
Week 10 August 1 - August 4					
Week 11 August 8- August 12					

**Note:** One free change to your family's schedule will be allowed after registration is submitted. Further changes will incur a \$10 schedule change fee per request.

I understand that I am responsible for payment in full for all days that I have signed up for on this registration form whether my child(ren) attends or not. I understand that payment for that week is due in full the first day of each week that my child(ren) attends. I understand all of the above charges and agree to make all payments on a timely basis. I understand that if an agency that is supposed to pay on my account does not do so, I am fully responsible for the amount still owed. I agree to pay any amount that has not been paid in full by agencies dedicated to supporting parents with child care (These organizations can be, but are not limited to: DCFs, Community Child Care Connection, Lutheran Family Services, State of Illinois agencies, etc.). In the event a responsible party fails to make payments or perform the covenants herein received of responsible party, responsible party agrees to pay in addition all cost of collection including reasonable attorney fees and court cost incurred by SCSC/SCS as a result thereof.

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



## Emergency & Pick Up Information

Family Name: \_\_\_\_\_

Child(ren)'s Name: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

In the event of an emergency, please list in order of priority, individuals to be contacted.

**\*\*If you would like the parent/guardian to be contacted first, please be sure to include the parent/guardian information below.**

**1.**  
Name: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
Work Number: \_\_\_\_\_  
Home Number: \_\_\_\_\_  
Cell Number: \_\_\_\_\_  
Additional Information: \_\_\_\_\_  
\_\_\_\_\_

**2.**  
Name: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
Work Number: \_\_\_\_\_  
Home Number: \_\_\_\_\_  
Cell Number: \_\_\_\_\_  
Additional Information: \_\_\_\_\_  
\_\_\_\_\_

**3.**  
Name: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
Work Number: \_\_\_\_\_  
Home Number: \_\_\_\_\_  
Cell Number: \_\_\_\_\_  
Additional Information: \_\_\_\_\_  
\_\_\_\_\_

**4.**  
Name: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
Work Number: \_\_\_\_\_  
Home Number: \_\_\_\_\_  
Cell Number: \_\_\_\_\_  
Additional Information: \_\_\_\_\_  
\_\_\_\_\_

**Any other individuals who may pick up my child (name & phone number):**

1. \_\_\_\_\_
2. \_\_\_\_\_

Family Doctor: \_\_\_\_\_

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

Hospital or Clinic: \_\_\_\_\_



## Behavior Plan Acknowledgment

Behavior expectations for students participating in the Springfield Christian Summer Camp program can be summed up with three "R's":

*Be Respectful, Be Responsible, and Be Righteous.*

Our SCSC staff will cover what these three "R's" look like throughout the SCSC program in greater detail during our Parent Meeting and with students when camp begins. Though behavior problems are not frequent, having a behavior plan in place is important. Please read the following plan that will be implemented during the SCSC program and go over it with your child so that he/she is aware of the plan as well. Each phase is described in detail below. The staff will keep documentation of behavior problems so that it can be discussed in detail with parents/guardians if necessary. If a child reaches the third phase twice during the summer, he/she will be removed from the program. Based on the nature of the behavior, SCSC reserves the right to accelerate a child through the Phase/Step progression.

### Phase 1:

Step 1: Verbal Reprimand - Detailed Information Recorded

Step 2: Cool Down Time (one minute per each year of age) - Talk to Child About Behavior - Detailed Information Recorded

Step 3: Cool Down Time - Staff Member and Child Discuss the Behavior - Detailed Information Recorded

Step 4: Strike 1 - (Child can no longer repeat phase 1)

### Phase 2:

Step 1: Verbal Reprimand - Detailed Information Recorded

Step 2: Fifteen Minute Cool Down Period - Call Parents to Discuss Behavior and Explain Future Steps - Detailed Information Recorded

Step 3: Call Parents and Have Child Picked Up - Suspended for the Remainder of Day and the Following Day - Detailed Information Recorded - Strike 2 - (Child can no longer repeat phase 2)

### Phase 3:

Step 1: Verbal Reprimand - Detailed Information Recorded

Step 2: Twenty Minute Cool Down Time - Call Parents - Detailed Information Recorded

Step 3: Parent Must Come to Pick up Child - Detailed Information Recorded - Strike 3 - (Child May Not Come Back To Summer Camp)

**I HAVE READ AND UNDERSTAND THE ABOVE BEHAVIOR PLAN AND HAVE SHARED IT WITH MY CHILD(REN) SO HE/SHE UNDERSTANDS IT AS WELL.**

Child(ren)'s name(s): \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

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



## Springfield Christian Summer Camp Program Permission Form and Parent/Guardian Commitment

We give permission for our child(ren) to take part in any and all Springfield Christian Summer Camp (SCSC) activities, field trips, including sports and SCSC- sponsored trips away from the premises, and absolve SCSC, Springfield Christian School (SCS), and West Side Christian Church (WSCC) from liability to us or our child because of any injury to us or our child at SCSC or during any SCSC activity. I understand that all precautions will be taken to prevent accidents. However, I UNDERSTAND THAT ABSOLUTE SAFETY CANNOT BE ASSURED. I further understand that participation in the program, including field trips, may involve the risk of catastrophic or fatal injury. In case of emergency or serious illness, we request SCSC/SCS contact us first. If we are not available, please contact the designated emergency contact. If the emergency contact cannot be reached, SCSC/SCS 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 SCSC, SCS, and WSCC of any liability. We accept the financial responsibility for any medical emergency treatment given to my child.

This statement of cooperation will serve as a blanket permission slip for all programming and activities from May 30 to August 12, 2016, and for any other Springfield Christian Summer Camp activity. I assume all responsibilities and waive any and all claims for compensation from SCSC/SCS/WSCC for accidental or fatal injury incurred while participating at Springfield Christian Summer Camp and Springfield Christian School programs or activities and while in the care of staff or volunteers. I hereby agree to indemnify and hold harmless SCSC/SCS/WSCC, its agents, employees, or servants, whether paid or volunteer, against any and all claims which may arise from any injury while participating in any of the programs and activities, including field trips.

Springfield Christian Summer Camp and Springfield Christian School are committed to ensuring that your privacy is protected. SCSC/SCS will use personal information, such as email addresses and phone numbers, for camp and school-related communication inclusive of third party services. Personal information will not be shared, sold, or distributed outside of this ministry. We likewise, authorize SCSC/SCS, or anyone authorized by SCSC/SCS, to use and reproduce all audio and video recordings and photographs which SCSC/SCS take of our child(ren) or any family member produced for SCSC/SCS literature, advertisements, and promotional purposes without further compensation. All copies, masters, negatives, pictures and proofs shall constitute SCSC/SCS property, solely and completely.

I understand I need to work in partnership with SCSC and will communicate with the SCSC Director any concerns I may have in a timely manner so they may be addressed and resolved. I understand that a \$25.00 NSF fee will be added to all returned checks. I agree to pay this fee along with the amount of the returned check to SCSC. I agree to pay the fee and check amount by money order, cash or credit card. I understand that after 2 NSF checks I may only make payments by cash or money order at the sign in/out table.

I understand that my registration fee is non-refundable under any circumstances. I also understand that I am required to pay for all registered weeks, even if my child does not attend. I/We understand and agree that the student(s) may be discharged from SCSC in the event that the directors and SCS Administration agree that the dismissal of the student(s) is necessary in the best interest of SCSC, the student(s) or other members of the camp. This will not relieve the parents from obligation to pay SCSC for services already rendered.

I HAVE READ THE ABOVE WAIVER AND AM SIGNING IT VOLUNTARILY.

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



## Pool Permission Form

When spending the afternoon at Veterans Memorial Pool (2700 Ely St., off Sangamon Avenue by Gietl Park), to eliminate swimming concerns, please put your child(ren)'s name(s) next to the areas in which your child(ren) is/are allowed.

3-foot area: \_\_\_\_\_

4-5-foot area (including slides): \_\_\_\_\_

"Deep End" Slide/Diving board in Diving Well: \_\_\_\_\_

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

**\*\*Please make sure you complete and sign the medication form. We will not be allowed to dispense any medication (including children's Tylenol or Benadryl, etc.) to your child(ren) without this completed form.**



### Springfield Christian Summer Camp Parent/Guardian Permission Form To Dispense Medication to Students

My child has my permission to take the medication listed below.

Child's Name: \_\_\_\_\_

Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_

Time to be taken: \_\_\_\_\_

Dates medication is to be taken: \_\_\_\_\_

Does the student need to take this: \_\_\_\_\_ on a daily basis \_\_\_\_\_ as needed

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

\_\_\_\_\_  
Daytime Phone

\_\_\_\_\_  
Today's Date



## **SCS Technology and Data Service Policy and Guidelines**

Springfield Christian School (SCS) provides technology and data systems available for use by current SCS students and staff (including those participating in Springfield Christian Summer Camp), exclusively. The use of these services is to be considered a privilege, not a right. This agreement is meant to be all encompassing of technology and data services provided by or owned by SCS and West Side Christian Church (WSCC).

### **Administration**

SCS technology and data services are overseen by the IT Department in cooperation with SCS Leadership. Data stored, transmitted or received on SCS technology and data services is the property of SCS. As such, SCS maintains the rights to monitor, filter, edit, permit and restrict access to these systems and services as needed without prior consent or notification.

### **SCS Technology**

SCS technology (such as laptops, desktops, tablets, projectors, ActivBoards and accessories) is the property of SCS. As such, your use is contingent upon good stewardship of these devices.

### **Data Services**

SCS data services, such as telephone, staff email and internet services, are provided as a tool to help students and staff. These services include the wired and wireless data networks. As with SCS technology, the use of these services is contingent upon your good stewardship of them.

### **Principles of good stewardship of SCS Technology and Data Services**

- Do not use technology in a manner that violates any laws
- Do not cause damage to technology or services
- Report any inadvertent damages to an administrator immediately
- Do not use technology without authorization
- Do not share passwords, gain access using a password that is not yours or grant access to others
- Do not make changes to SCS technology without authorization from the IT Department
- Do not subvert in-place security systems such as firewalls, content filters or antivirus programs
- "Be the C"! Use the technology and services you are allowed access to in a way that honors God.

### **WSCC FREE WIFI Service**

WSCC maintains a free and unsecured public wireless network that can be used for guest access. No device security or service availability is ensured or implied with this network. This service is subject to all terms and conditions above. Access to this system may be blocked if a user violates the principles outlined above. Students may connect to this service using their own devices after school hours.

### **Policy Violations and Range of Disciplinary Sanctions**

Anyone in violation of this policy is subject to a full range of sanctions and disciplinary actions, up to and including loss of technology or service access privileges, suspension, and expulsion from SCSC/SCS, and/or legal action. Some violations may constitute criminal offenses under local, state or federal laws; SCS will carry out its responsibility, if any, to report such violations to the appropriate authorities.





## SCS Technology and Data Service Usage 2016 SCSC Student Permission Form

**THIS COMPLETED FORM MUST BE RETURNED TO SCSC PRIOR TO THIS STUDENT OBTAINING ACCESS TO THE SCS COMPUTER SYSTEMS.**

**As a student in Springfield Christian Summer Camp,  
I will observe the following rules when using SCS technology:**

1. I will only run programs and games that I have been given permission to run by the teacher(s) in charge.
2. I will be respectful of the teacher(s) in charge and any other students around me, at all times. I will keep my voice down and will not disturb others.
3. I understand that the computers and all other equipment/technology are the property of SCS, and I will take very good care of them.
4. I will not change any settings on the computers, including anything in the Control Panel, and anything on the Desktop.
5. I know that I am not allowed to use any email and messaging programs at school and will not do so.
6. I will only go to Internet sites that I have been given permission to view.
7. I will handle the CD-ROM/DVD-ROM programs with care. If my teacher asks me to put the disc back in the black cases, I will make sure that the disc is put back in the correct place.
8. I will keep my area neat and clean. I will take all of my belongings with me, throw away any trash, and push in my chair when I get up to leave.

**My parent(s)/guardian(s) and I have read, understand, and agree to abide by the rules and procedures stated in the "Springfield Christian School Technology and Data Services Policy and Guidelines." Furthermore, I understand that, if I violate these rules, I will be subject to the penalties, fines, legal prosecution or loss of privileges.**

\_\_\_\_\_  
1<sup>st</sup> Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
(2<sup>nd</sup>, if needed) Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
(3<sup>rd</sup>, if needed) Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent(s) or Guardian(s) Signature

\_\_\_\_\_  
Date