

Sinai Christian Academy

2301 Grier Ave, Linden, NJ 07036
Phone: (908) 486-2006 Fax: (908) 925-9258
www.sinaichristianacademy.org

Summer Camp 2023 Registration Packet

Please fill out all forms in this packet and submit them together,
Along with payment
Thank you.

Complete One Per Family

- Registration Form
- Payment Options
- Media Waiver
- Sick Child Policy
- FAQ's
- Medical History – Complete One Per Camper
 - Medical Release
 - Waiver or Liability
 - Physician Statement and Clearance Form

Received by

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Registration Form

Camper Name: _____ DOB: __ Age: __
Gender: Male / Female Grade (as of 2023) _____ T Shirt Size _____

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Camper Name: _____ DOB: _____ Age: __
Gender: Male / Female Grade (as of 2023) _____ T Shirt Size _____

Name of Parent/Guardian: _____
Relationship to Camper: _____
Cell Phone #: _____ Home Phone: _____
Best Number to Reach You during Camp Hours: _____
Email: _____

Name of Parent/Guardian: _____
Relationship to Camper: _____
Cell Phone #: _____ Home Phone: _____
Best Number to Reach You during Camp Hours: _____
Email: _____

Emergency Contact Name: _____
Emergency Contact Phone # _____
Relationship to Camper: _____

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Summer Camp 2023

Hello Parents & Guardians!

Sinai Christian Academy will be hosting **Summer Camp 2023** starting **Monday, June 19th until Friday, August 18, 2023**. Students in grades Pre k 3 & 4, Kindergarten up to 4th grade may attend. Early registration has begun! If you are interested in enrolling your child/children, please reply to this email. We are currently running an **EARLY BIRD SPECIAL** for anyone who enrolls by **Friday, May 5th!** See details below:

Payment Options

Camp Hours: Monday through Friday, 8:00am – 3:00pm

- **Registration fee of \$75.00** is required per child (**Non-Refundable**)
- Price Per Week: \$125.00 (if registered by **Friday, May 5th**)
- Price Per Week: \$150.00 (if registered after **Friday, May 5th**)
- Price Per Field Trip: \$50.00 each
- **Early Drop Off:** \$35.00 per week from 7:00am – 8:00am
- **Late Pick:** \$50.00 per week from 3:00pm – 5:00pm (**NO Late Pick up on Friday's**)
- **Both early drop off and late pick up:** \$75.00 per week

Weeks attending: (**Must be a minimum of 4 weeks**)

- Week 1: June 19, 2023 – June 23, 2023
- Week 2: June 26, 2023 – June 30, 2023
- Week 3: July 05, 2023 – July 08, 2023
- Week 4: July 10, 2023 – July 14, 2023
- Week 5: July 17, 2023– July 21, 2023
- Week 6: July 24, 2023 – July 28, 2023
- Week 7: July 31, 2023 – August 04, 2023
- Week 8: August 07, 2023 – August 11, 2023
- Week 9: August 14, 2023 – August 18, 2023

(**Closed, Monday, Tuesday ,July 3rd, July 4th**)

2 Camp Trips Dates TBA (*Note if child is not attending trip must stay home)

Payments:

of weeks _____ x \$125.00 x _____ child/children = _____ (Early Birds Only!)

of weeks _____ x \$150.00 x _____ child/children = _____ (After May 5th)

+Early Drop Off: _____ weeks x \$25.00 x _____ child/children = _____

+ Late Pick Up: _____ weeks x \$50.00 x _____ child/children = _____

+Both Early & Late _____ weeks x \$75.00 x _____ child/children = _____

+ Trips _____ x \$50.00 x _____ child/children = _____

Total Camp Fees: = _____ **All Payments must be paid in full by June 16, 2023**

We accept ACH, Checks, or Debit cards for payments. A \$35.00 fee will be accessed for any returned check.

All Campers must wear SCA Summer Camp T-shirt during school trips. (T-shirt provided by school)

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Media Waiver

My child is a camper at Sinai Christian Academy in Linden, New Jersey. I am aware that he/she may be photographed by Sinai Christian Academy. I hereby grant permission to Sinai Christian Academy and its affiliates to use photographs for any promotions, advertising, or marketing that it deems appropriate. I waive any right to receive any form of reimbursement for the use of these photographs. This waiver is unconditional and unlimited in time.

List All Camper Names:

Parent/Guardian's Signature

Print Parent/Guardian Name

Date

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Summer Camp Sick Child Policy

Children **cannot** attend camp, if they are experiencing any of the following:

- They have had fever, vomiting, or diarrhea **within a 24-hour** period.
- They have an oozing rash.
- They have untreated pink eye (conjunctivitis), ringworm, lice, etc.
- They have a known communicable disease.

Parents must report any allergies to the camp office in writing.

- In the case of illness or accidents, which might occur during camp hours, the office will contact the parent, and the child must be picked up immediately. You must keep us informed of any changes in home, work, cell, or emergency phone numbers.
- For the welfare of your child and others in the school, all **children who are sick must be kept at home.** When the child is well enough to participate in a normal camp day he/she may return. If he/she has been out for three days, it is necessary to present a doctor's note indicating that he/she is able to return to camp.

Medication Administration

- Parent must complete an Individual Student Medication Administration Form requesting that staff administer the specified medication(s).
- All of the information requested must be completed as follows: Date, Name of medication, Dosage, Time to be given, all possible side effects must be listed, a parent must sign the form, and write phone number of where he/she can be reached in an emergency.
- The medication must be clearly marked with the child's name if over-the-counter and if a prescription drug, it must be clearly labeled with the intended student's name and dosage legible. All medications must be placed in a clear zip lock bag.
- All students requiring the use of a **nebulizer** while at camp must provide their **own new tubing, clearly labeled with child's name and grade; and prescription albuterol or the like. An asthma action form MUST be completed by medical doctor and submitted to office. Camp must be informed if child has pump on his/her person.**

I, _____ have read and fully understand the camp's "sick child policy" and agree to abide by the terms and conditions set forth.

Parent / Guardian's Signature

Date

Parent/Guardian's Printed Name: _____

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MEDICAL HISTORY

First Name:	Last Name:	Date:	
Address:			
Male / Female	DOB:	AGE:	Phone #
Primary Care Physician:		Phone #:	Fax #:
EMERGENCY CONTACT INFORMATION			
Contact Name:	Relationship	Phone #	

STAFF USE ONLY

- Camper cleared to exercise. Received medical clearance with no restrictions.

Initials: _____ Clearance Date: _____

- Cleared to exercise with the following restrictions:

Initials: _____ Date: _____

- Not cleared to exercise at this time.

Reason: _____

- Date clearance received: ____

Initials: ____ Clearance Date: _____

Date camper/guardian notified: _____ Time: _____

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MEDICAL RELEASE/WAIVER

OF LIABILITY & PERMISSION TO RESPOND TO MINORS

Camper Name: _____

Does your child have any medical conditions? Please explain in detail.

Is your child on any medication? ___ If so, please complete below:

List current medications (prescriptions and over the counter) if none write "none"

Medication	Dose	X per day	Reason

Medication Allergies: _____

(Parent/Guardian) _____ hereby represents that he/she has no knowledge of any physical conditions which would render his/her child _____ unable to participate in the camp program. Parent further represents and promises that in the event he/she is physically unable to participate in the camp program, he/she will immediately notify the camp counselor in writing.

The undersigned camper waives, releases and relinquishes any and all claims for liability and causes of action, including personal injury, property damage or wrongful death against Sinai Christian Academy, its staff, owners and officers, arising out of the camper's participation in the facility's camp program.

Camper (and camper's parent(s)/guardian(s), if applicable) understand and acknowledge that the camp program's activities are inherently dangerous activities, which can result in serious physical and/or emotional injury, disability or death, and damages may arise there from, and that the camper (and camper's parent(s) guardian(s), if applicable) has/ have full knowledge of these risks. By registering for the camp program at Sinai Christian Academy, the undersigned camper (and the parent(s) or legal guardian(s) of camper, if applicable) explicitly consent to such dangerous activity and assume any and all risks and liability whatsoever arising from or in connection with the camp program and activities offered by, through and in association with the camp program as offered by Sinai Christian Academy.

In case of an emergency or incident, I (parent/guardian) _____ give permission to the staff of Sinai Christian Academy to evaluate, respond to and notify the Emergency Medical Services (EMS) if needed for (child's name) _____, until such time as a parent can be notified and/or arrive at our facility.

Parent or Guardian Name (Print) _____

Parent or Guardian (Signature) _____

Date: _____

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PHYSICIAN STATEMENT & CLEARANCE FORM

Dear Doctor _____:

We are pleased to inform you that your patient, _____, has decided to participate in Sinai Christian Academy's summer camp. We ask that you kindly complete the form and return it to your patient.

At Sinai Christian Academy, our camper's safety is our primary concern. For that reason, we ask that medical clearance be obtained for anyone, under 18 years of age, and anyone with a history of or are currently being treated for any disease, condition, illness or injury that may impair your patient's ability to exercise.

When your patient receives this release it will enable him/her to begin their camp program without delay. We thank you for your input and if you have any questions concerning our program, please do not hesitate to call the camp director at 908-486-2006.

- I concur with my patient's participation with no restrictions.
 I concur with my patient's participation with the following restrictions:

- I do not concur with my patient's participation in a supervised camp program (if checked your patient will not be allowed to participate in our camp program until cleared by a physician.)

Physician's Name: _____

Physician's Address: _____

Physician's Signature: _____ Date: _____

I hereby give permission for the medical release of any pertinent information from any medical records to the staff of Sinai Christian Academy.

Camper/Patient Name: _____ DOB: _____

Parent/Guardian Name: _____ Cell: _____

Parent/Guardian Signature: _____ Date: _____

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FAQs

WHAT SHOULD MY CHILD WEAR TO CAMP?

Campers should wear sunscreen, shorts, t-shirt, socks and sneakers; sunglasses are optional.

All items should be labeled with your child's name. Sinai Christian Academy is not responsible for lost or stolen items.

SHOULD I PACK A LUNCH & SNACK?

Please provide your child with a brown bag lunch and a small snack. Lunch or snacks will not be refrigerated so please pack your child meals appropriately.

WHAT SHOULD THE CHILD BRING TO CAMP?

Campers should bring a water bottle, hand towel, bagged lunch, and a healthy snack.

WHAT IF I CANNOT PICK UP MY CHILD BY 3:00 PM OR NEED TO DROP OFF BEFORE 8:00 AM?

We offer before and after care programs for an additional fee. Please indicate on your registration form if you will not be able to pick your child up by 3:00 pm or need to drop off before 8:00 a.m. If your child is scheduled for pick up by 3:00 pm and there is an emergency need for aftercare, there will be an additional fee assessed of \$15.00 per day.

WHAT ARE THE AGE GROUPS FOR SUMMER CAMP?

Group 1: Kindergarten to 2nd Grade

Group 2: 3rd Grade and 4th Grade

WHAT IF MY CHILD NEEDS MEDICATION DURING SUMMER CAMP?

We do not have a nurse on staff, however, we will dispense medication, as long as, you have filled out the appropriate paperwork indicating the name of the medication, the dosage and frequency of the medication and provided your signature giving us permission to dispense the medication. The medication must have your child's name on it in the original bottle with the prescription label attached.

CAN I ENROLL MY CHILD ON THE FIRST DAY OF CAMP?

No, pre-registration is required.

IS THERE A LOST AND FOUND IF MY CHILD LOSES PERSONAL ITEMS?

Yes, we have a lost and found location in the office; however, we are not responsible for lost items.

MORE QUESTIONS?

Camp Director – Geylis Vargas 908-486-2006 email: mainoffice@sinaichristianacademy.org
Geylis.sca@gmail.com