



Summer Camp Registration Form

May 27 – August 15

(one form per child, please)

STUDENT INFORMATION

First Name	Last Name		
Street Address	City	State	Zip
Home Telephone	Other 1	Other 2	
Grade Entering in September	Birth Date	Gender	

PARENTAL INFORMATION

1.

First Name	Last Name
Relationship to Student	Married / Divorced / Separated / Single
Employer's Name	Employer's Address, City
Daytime Telephone	Ext.

2.

First Name	Last Name
Relationship to Student	Married / Divorced / Separated / Single
Employer's Name	Employer's Address, City
Daytime Telephone	Ext.

ADDITIONAL INFORMATION

- Registration fees of \$120 per student are due no later than June 15, 2025.
- Tuition payments are due the Monday of the week the child will be attending and must be paid via EFT.
- Tuition is \$160 per week or \$40 per day
Unfortunately, financial assistance is not available

EMERGENCY INFORMATION

IN THE EVENT OF SUDDEN ILLNESS OR ACIDENT AND INABILITY TO NOTIFY A PARENT, PLEASE CONTACT:

Name	Relationship
Daytime Telephone	
Name	Relationship
Daytime Telephone	
Name	Relationship
Daytime Telephone	

Adults authorized to pick up your child:

Name	Relationship	Telephone
Name	Relationship	Telephone
Name	Relationship	Telephone
Name	Relationship	Telephone

California Civil Code Section 25.8

Authorization of Medical Treatment of Minors

Either parent, if both parents have legal custody, or the parent or person having legal custody or the legal guardian, of a minor may authorize in writing any adult person into whose care the minor has been entrusted to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to said minor under the provisions of the Medicine Practice Act or to consent to an X-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to said minor by a dentist licensed under the provision of the Dental Practice Act (Added stats. 1965, C. 1524, p. 3616, S.1).

REGISTRATION DATES
Please circle the days you would like
your child to attend Day Camp

May						July/August				
M	Tu	W	Th	F		M	Tu	W	Th	F
X	27	28	29	30			1	2	3	X
						7	8	9	10	11
June						14	15	16	17	18
2	3	4	5	6		21	22	23	24	25
9	10	11	12	13		28	29	30	31	1
16	17	18	19	20		4	5	6	7	8
23	24	25	26	27		11	12	13	14	15
30										

T-SHIRT SIZE

Please state the size of your child's T-shirt

Youth:

_____ Small _____ Medium
_____ Large _____ X-Large

Adult:

_____ Small _____ Medium
_____ Large _____ X-Large

PARENTAL CONSENT FOR EMERGENCY MEDICAL TREATMENT

Child's Name: _____

The undersigned, _____ who is one of the parents, or legal guardian of the above named child, a minor, who resides at address listed on same, herein authorizes the adult employee of the Orange County Christian School Day Camp for the above stated activity, or any reasonable adult person bearing this written authorization into whose said care the above mentioned minor has been entrusted to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital to be rendered to said minor under the general or specific supervision and upon the advice of a physician or surgeon licensed under the provisions of the California Medicine Practice Act, and to consent to an X-ray examination, anesthetic, dental or surgical by dentist licensed under the provisions of the California Dental Practice Act.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of said adult person to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician or dentist in the exercise of his best judgment may deem advisable. The authorization shall include transportation to receive the medical or dental care.

This authorization shall remain effective until the activity is terminated, unless sooner revoked in writing and delivered to the adult employee of aforesaid Orange County Christian School Summer Day Camp activity.

FIELD TRIP PERMISSION AND WAIVER

Throughout the summer program there will be many days that your child will be taking field trips, going to parks, etc. We are asking that you sign this form to cover the entire Day Camp program.

All parents or guardians should be advised that the Education Code Section 35330 provides that all persons or their parents taking a school/camp related trip waive all claims against the school for injury, accident, illness or death occurring during or by reason of the trip.

I, the undersigned, give my permission for my child to attend all trips to and from Orange County Christian School and I understand the liability aspects as specified in Education Code Section 35330.

I have reviewed the Day Camp flyer, read the Emergency Treatment and Permission/Waiver Consents, understand the policies of the program and desire that my child participate in this program.

Signature

Date

For Office Use Only

Date:	
Payment Rec.	\$
Check #	
Rec. #	