



Solid Rock Community School

SUMMER CAMP APPLICATION

Date of Application _____

CAMPER INFORMATION

Applicant's Legal Name _____ Nickname _____
(Last) (First) (Middle)

Home Address _____
(Street) (City) (zip)

Telephone # _____ Date of Birth _____ Gender ☐ Male ☐ Female

Student SSN _____ Country of Citizenship _____ Last Grade Completed _____

First/Native Language _____ Other Languages Spoken _____

Present School Info _____
(Name) (Address) (Telephone)

Does your child have a ☐ 504 Plan or an ☐ IEP from public school?

Are there any behavioral concerns or issues that SRCS should be aware of? ☐ No ☐ Yes

If yes, please explain: _____

Has your child been suspended or expelled at any time from any school? ☐ No ☐ Yes

If yes, please explain: _____

Please list any allergies: _____

Medications taken for these allergies: _____

Please list any medications taken on a regular basis:

Is there anything that Solid Rock should be aware of such as moving, illness, death, divorce, disability, etc.?



Solid Rock Community School

FAMILY INFORMATION

Parent/Guardian's

Name _____ Relationship _____

Address _____

Telephone

(Home) _____ (Work) _____ (Cell) _____

DOB _____ SSN _____

E-Mail Address _____

Employer & Address _____

Parent/Guardian's Name _____ Relationship _____

Address _____

Telephone

(Home) _____ (Work) _____ (Cell) _____

DOB _____ SSN _____

E-Mail Address _____

Employer & Address _____

Student lives with: _____

Who should we contact if we cannot reach the above parent/Guardians?

Name

Relationship

Telephone #

SRCS seeks and admits qualified students of any race, color, creed and national or ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students of the school.

Documents to be turned in with application:

1. Copy of Custodial Agreement, if parents are divorced
2. Physical that is less than one year old
3. Up to date copy of immunizations
4. Copy of parent driver's license
5. Copy of 504 Plan or IEP, if your child has one



Solid Rock Community School

Camper Name (this form must be completed for each camper) _____

Summer Adventures Summer Camp 9am-4 pm (K-12th grade)

Weekly rate is \$165 + optional before/after care.

Discounts- Only one discount is allowed. If applicable, please check.

- ☐ Multi-child discount - Starting with the 2nd child, I will receive a 20% discount off the total tuition.
- ☐ Pre-pay discount for all 8 weeks June 10th - August 2nd (no camp July 4th and July 5th) and receive a discounted price of \$1,155 which is a savings of \$165 (one free week)! I understand that this is non-refundable.

Before and After Care

Add before care (begins 8am daily) \$25 per week. Add after care (ends 5pm daily) \$25 per week. Select both before and after care for \$40 per week. Pre-pay for either/both for the entire summer program and cost is discounted to \$20 per week for before or after or \$35 per week for both.

Selections- Please check each appropriate box for each week

- | | | |
|--|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> June 10-14 camp | <input type="checkbox"/> before care | <input type="checkbox"/> after care |
| <input type="checkbox"/> June 17-21 camp | <input type="checkbox"/> before care | <input type="checkbox"/> after care |
| <input type="checkbox"/> June 24-28 camp | <input type="checkbox"/> before care | <input type="checkbox"/> after care |
| <input type="checkbox"/> July 1-3 (no camp on July 4 & 5 th) | <input type="checkbox"/> before care | <input type="checkbox"/> after care |
| <input type="checkbox"/> July 8-12 camp | <input type="checkbox"/> before care | <input type="checkbox"/> after care |
| <input type="checkbox"/> July 15-19 camp | <input type="checkbox"/> before care | <input type="checkbox"/> after care |
| <input type="checkbox"/> July 22-26 camp | <input type="checkbox"/> before care | <input type="checkbox"/> after care |
| <input type="checkbox"/> July 29-Aug 2 camp | <input type="checkbox"/> before care | <input type="checkbox"/> after care |

| | |
|-----------------------------|----------|
| Camp | \$ _____ |
| Before Care | \$ _____ |
| After Care | \$ _____ |
| Deduct Applicable Discounts | \$ _____ |
| Total | \$ _____ |

Please return the completed application with full payment and required documents. To pay by credit card please visit the office in person. Refunds will not be provided.

My child will be participating in summer camp at Solid Rock Community School. I agree to hold harmless Solid Rock Community School and their agents, officers, employees, etc. from any accidental injury or harm to my child when participating in any school activity or function.

I authorize my child's previous school(s) to release any information that could be relevant to their acceptance to Solid Rock Community School and/or their agents, including but not limited to IEP, 504 Plan, behavioral plans, behavioral logs, etc.

Parent/Guardian's Signature: _____ Date: _____