



MARANATHA
CHRISTIAN ACADEMY

Summer Camp Registration Packet

Parent/Guardian Information:

Father/Parent Guardian:			
Address:	City:	State:	Zip:
Cell:	Email:		
Place of employment:	Work phone:		

Mother/Parent Guardian:			
Address:	City:	State:	Zip:
Cell:	Email:		
Place of employment:	Work phone:		

Parent's marital status (circle one): <i>Married Single Divorced Separated Widowed</i>	Custody Notes (Sole or Joint):
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Student(s) Information:

First child's name:	Birthdate:	Age:	Gender (M or F):	Grade entering:
Doctor:		Phone:		

Student Information: (Continued)

Current school attending:			
Address:	City:	State:	Zip:
Phone:			

Has your student ever been diagnosed with ADD or ADHD?	(Yes or No)
Does your student have any allergies?	(Yes or No)
<i>If yes, please list:</i>	
Does your student regularly require medication?	(Yes or No)
<i>If yes, please explain:</i>	

Does your student have any record of school disciplinary problems?	(Yes or No)
<i>If yes, please explain:</i>	
Has your child ever been involved in any legal problems or been arrested?	(Yes or No)
<i>If yes, please explain:</i>	

Family Information:

Please check the boxes that apply.

Student lives with:

<i>Both Parents</i>	<i>Mother</i>	<i>Father</i>
<i>Stepmother</i>	<i>Stepfather</i>	<i>Legal guardian</i>
<i>Parents married</i>	<i>Father deceased</i>	<i>Mother deceased</i>
<i>Parents divorced</i>		
<i>Parents separated</i>	<i>Father has custody</i>	<i>Mother has custody</i>

If the parents are divorced or separated, to whom should admission correspondence be sent?

<i>Parent/Guardian signature:</i>	<i>Date:</i>
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Emergency Contact:

Contact 1:	Relationship:	Phone:
Contact 2:	Relationship:	Phone:

Pickup Authorization:

Name:	Relationship:	Phone:
Name:	Relationship:	Phone:
Name:	Relationship:	Phone:

Father/Guardian Signature

Date

Mother/Guardian Signature

Date

Allergy Assessment and Care Plan:

<i>Name:</i>	<i>Birthdate:</i>	<i>Age:</i>
<i>List allergies:</i>		
<i>When was your child's last significant reaction?</i>		
<i>Does your child wear a "Medic Alert" bracelet?</i>	<i>(Yes or No)</i>	

Please circle any of the symptoms that apply to your child's allergic reaction:

<i>Feeling of apprehension</i>	<i>Sweating</i>	<i>Weakness</i>
<i>Feeling of fullness in the throat</i>	<i>Change in quality of voice</i>	<i>Nasal congestion</i>
<i>Tingling sensation in or around the mouth or face</i>	<i>Respiratory difficulty</i>	<i>Wheezing</i>
<i>Itching</i>	<i>Hives</i>	<i>Rash</i>
<i>Localizing redness and swelling</i>	<i>Low blood pressure</i>	<i>Rapid pulse</i>
<i>Other (be specific):</i>		

If your child requires medication in the event of an allergic reaction, we must have a "**Medication Authorization Form**" on file, signed by both physician and parent.

A new medication form is due each summer. All medication should be dropped off at the camp's office.

Medication Authorization Form

This order is valid only for the school year _____ including the summer session.

School: _____

This form must be completed fully in order to administer required medication. A new medication administration form must be completed at the beginning of each summer camp year, for each medication, and each time there is a change in dosage or time of administration of a medication.

- *Prescription medication must be in a container labeled by the pharmacist or prescriber.*
- *Non-prescription medication must be in the original container with the label intact.*
- *An adult must bring the medication to camp.*

Prescriber's Authorization

Name of Student: _____ Date of Birth: _____ Grade: _____

Condition for which medication is being administered: _____

Medication Name: _____ Dose: _____ Route: _____

Time/frequency of administration: _____ If PRN, frequency: _____

If PRN, for what symptoms: _____

Relevant side effects: None expected: Specify: _____

Medication shall be administered from: _____ to _____

Month / Day / Year

Month / Day / Year

Prescriber's Name/ Title: _____

(Type or print)

Telephone: _____ Email: _____

Address: _____

(Box for Prescriber's Address Stamp Only)

Prescriber's Signature: _____ Date: _____

Designated Camp Personnel Signature: _____ Date: _____

Parent/ Guardian Authorization

I/We request designated camp personnel to administer the medication as prescribed by the above prescriber. I/ We certify that I/We have legal authority to consent to medical treatment for the student named above, including the administration of medication at school. I/We understand that at the end of each summer, an adult must pick up the medication, otherwise it will be discarded.

Parent/ Guardian Signature: _____ Date: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Self-Carry/ Self-Administration of Emergency Medication Authorization/ Approval

Self-Carry/ self-administration of **emergency medication** may be authorized by the prescriber and must be approved by designated camp personnel.

Prescriber's authorization/ Approval: _____
Signature Date

Designated camp personnel authorization/ approval: _____
Signature Date

Order Reviewed by Designated Camp Personnel: _____
Signature Date

Administering Medication Consent

Please Check the option that applies to you:

I want the camp office to call or message me every time my child takes over the counter medication.

I do not want the camp office to call or message me every time my child takes over the counter medication. (Note: if it is something serious like fever, nausea, or an injury, MCA Summer Day Camp will call you.)

Please Check mark the boxes that you approve your child taking:

Medication in Stock

Children's Benadryl (Chewable) Diphenhydramine HCl 12.5 mg	
Cold and Flu Multi-Symptom Relief Acetorphan 325 mg (Pain reliever/ fever reducer) Dextromethorphan HBR 10 mg (Cough Suppressant) Phenylephrine HCl 5 mg (Nasal decongestant)	
Extra Strength Tylenol Acetaminophen 500 mg each (Pain reliever/ fever reducer)	
Children's Tylenol (Chewable) Acetaminophen 160 mg (Pain reliever/ Fever reducer)	
Ibuprofen 200 mg (Pain reliever/ Fever Reducer- NSAID)	
Children's Ibuprofen (Chewable) 100 mg (Fever Reducer- NSAID)	
Tums (Extra Strength) Calcium carbonate 750 mg... Antacid	
Cough Drops	
Hydrocortisone Cream 1% Helps with rash, redness, Eczema, psoriasis, inflammation, irritation, and dry, itchy skin	
Neosporin First aid antibiotic	
Bactine Max (Pain relieving Cleansing Spray First aid antiseptic	
Band-Aids / Wraps	
Icepack	

I, _____ (Parent or Guardian's name) hereby give permission for the Directors at MCA Summer Day Camp to administer the items I have check marked for my child:

_____ (Students name)

Parent or Guardian Signature: _____ Date: _____

Covid-19 Liability Release:

The World Health Organization has declared the novel Coronavirus (COVID-19) a worldwide pandemic. Due to its capacity to transmit from person-to-person through respiratory droplets, the government has set recommendations, guidelines, and some prohibitions.

Maranatha Christian Academy remains firm in our stance that the freedom of our families will remain paramount in what we do. We trust you to monitor your child and ensure that they are healthy and non-contagious to others. We do respect you or your student's choice to wear a mask, but their use WILL NOT be mandated. We will do our best to ensure proper sanitation and cleanliness throughout the building.

Please read the following guidelines then sign and date below, acknowledging that you understand MCA's policy regarding COVID-19.

- 1. Concerning the upcoming summer, I will not hold Maranatha Christian Academy, Maranatha Baptist Church, or any of its staff liable for the health of my child, specifically but not limited to COVID-19.***
- 2. Should my family develop any symptoms related to COVID-19 or become infected with the virus, I agree to notify the school immediately and take the necessary action with my student(s).***
- 3. I agree to provide sufficient evidence that we have been medically cleared before we return to camp.***

Student Name (printed)

Parent/Guardian Signature

Date

Emergency Plan: (complete with input from your physician)

List below a step-by-step plan for your child in the event he/she has an allergic reaction at camp.

1. _____
2. _____
3. _____
4. _____
5. _____

Additional Comments:

<i>Doctor:</i>	<i>Phone:</i>
<i>Doctor signature:</i>	<i>Date:</i>

Parent/Guardian Signature

Date

Parent/Guardian Transportation Consent Form and Liability Waiver for Maranatha Christian Academy

This form is to be filled out and signed by parents or legal guardians before any child or youth under the age of 18 may be transported by Maranatha Christian Academy or approved volunteers for activities outside the camp. For example, Field Trips, Park Trips, etc. Permission will remain active until revoked by parent or legal guardian.

I, _____ (Parent or Legal Guardian) hereby approve my child, _____ (name of student) to be transported by Maranatha Christian Academy staff or volunteers with the appropriate licensing on designated camp vehicles. By signing this form, I waive liability of Maranatha Christian Academy staff, Board, Pastoral Staff, and Volunteers.

Parent/Guardian Signature

Date

Student Media Consent/ Release Form

Throughout the summer, students may be highlighted in efforts to promote our camp's activities and achievements. For this purpose, I _____, hereby give Maranatha Christian Academy, it's administration, and authorized media organizations permission to print, photograph, and record my child for use in audio, video, film, and any other electronic digital, and printed media.

- This is with the understanding that neither the school nor its representatives will reproduce any of the media for any item of commercial value or receive monetary gain for use of any reproduction/ broadcast of said photograph or likeness. I also understand that I will not receive any monetary compensation for my child's participation.
- I further release and relieve the school, School Board , staff, or other representatives from any liabilities, known or unknown, arising out of this material.

I certify that I have read the Student Media Consent / Release Form statement and fully understand its terms and conditions.

Please note: Permission will remain active until revoked by parent or legal guardian.

Student Name (printed)

Parent/Guardian Signature

Date

Student Support Form

Students are expected to abide by the standards of conduct set forth in the camp handbook throughout their enrollment whether at home, school or elsewhere.

As a student of Maranatha Christian Academy, I realize that the Academy is a ministry of the Maranatha Baptist Church. I pledge to uphold the school's standards against cheating, swearing, smoking, drinking alcoholic beverages, watching videos or immoral conduct, using narcotics, or using indecent language. I pledge to act in a very orderly and respectful manner. I will maintain Christian standards in courtesy, kindness, morality, and honesty. I will strive to be of unquestionable character in dress, conduct, and other areas of life.

I agree to abide by the above standards of conduct and other regulations expected of each student enrolled in Maranatha Christian Academy. I will not give any impression to other students, parents or faculty that I am not in harmony with the goals, aims and standards of the Christian Academy.

I understand that failure to abide by the standards set forth above may make it necessary for me to be withdrawn from camp. I further understand that the staff and administration reserve the right to take necessary disciplinary action, including expulsion, should I not abide by these Christian standards.

Student's Name

Grade

Student's Signature

Date

Parent/Guardian Support Form

One of the keys to making Maranatha Christian Academy a success is the unity and compatibility of all involved. When the camp administration, staff, parents, and students all work together great things happen. The following standards, agreements, and understandings help to insure this harmony for the success and happiness of all involved.

I understand that the educational program at Maranatha Christian Academy is an integral part of the church ministry which I am expected to support.

I understand that my child is expected to take part in church educational activities. I absolve the Academy from any liability to me or my child because of any injury to my child supervised at these activities.

I appreciate the standards of MCA and not tolerate profanity, obscenity in word or action, dishonor to the Godhead or the Word of God, or disrespect to the staff of the church. I hereby agree to support the regulations published in the MCA handbook and authorize the Academy to use discipline as it deems wise and expedient for the training of my student.

I understand that MCA reserves the right, after parental conference, to dismiss any student who fails to comply with the established regulations and discipline or whose parents do not assume their responsibility to the educational ministry.

I have read the Maranatha Christian Academy handbook and understand and agree to the terms stated therein.

I realize that attending the Academy is a privilege, not a right. It is my intention to abide by the decisions and support the discipline of the administration.

Father/Guardian Signature

Date

Mother/Guardian Signature

Date