

2024 Summer Day Camp for COMPLETED K5 – 12 years old!

***Please note if your child turns 13yrs old during the summer camp, they will not be able to attend the program.**

**Summer Camp will start on Monday May 20th
& will end on Friday, August 9th.**

*****Deadline to Enroll is Friday, May 3rd*****

Hours of childcare are Monday – Friday 7:00am-6:00pm
Held in the Elementary Gym Building #5

***Children remaining at 5:00 will move to Building #2 for pick-up.
**Bring lunch Monday-Friday. Please check the activity calendar for Pizza Friday dates.
A morning and afternoon snack will be provided, along with water.**

Full Time & Part Time Availability:

Full-time: Monday – Friday weekly tuition is \$150.00*.

Part-time: 2 days weekly tuition is \$70.00*

Part-time: 3 days weekly tuition is \$105.00*

***Weekly security fee is \$5.00, regardless of full time or part time status.**

Part Time Enrollments: your child may attend any day of the week as long as they do not exceed the number of days for which they are enrolled.

Please return the bottom portion of this form, along with the attached enrollment packet forms, to the Preschool Office in Family Church Building #2.

For questions, please call the preschool office at 501-847-0112 ext 3

**** If you enroll to start any week after Monday the 20th, the enrollment packet MUST be turned in the Wednesday before the week your child starts.**

**** Weekly tuition bank draft will start on the 2nd week of attendance.**

Child's Name: _____ **Start Date:** _____

Parent Names: _____ **Phone#** _____

_____ **Phone #** _____

I have enclosed the following items:

- This Registration Form, Registration Fee of \$55.00, AND 1ST week's tuition and security fee of \$5.00
- Student Information Form
- Signed bank draft and a voided check for weekly bank drafts

Total amount enclosed \$ _____

2024 ACA Summer Day Camp Student Information

Child's First & Last Name: _____

Age _____ DOB _____

Full Address _____

Mothers Name: _____
Legal Guardian

Work # _____
Cell# _____
Email _____

Fathers Name: _____
Legal Guardian

Work # _____
Cell# _____
Email _____

Please list all known medical issues or allergies:

- Yes- I give ACA permission to give my child Tylenol if needed.
- Yes - I give ACA permission to apply sunscreen to my child if needed.
- Yes- I give ACA permission to transport my child to the nearest emergency facility if needed.

Authorized Pick –up List and Emergency Contacts
Please list individuals authorized to pick your child up from care.

Full Name: _____ Phone# _____

Full Name: _____ Phone# _____

Full Name: _____ Phone# _____

Full Name: _____ Phone# _____

Parent Signature: _____ Date: _____

 **Summer Day Camp Reminders** 
Coordinators: Leah Henderson & Raegan Paddy
(501) 847-0112 Ext.3

- Summer Day Camp Hours: Monday-Friday 7am-6pm.
- **Drop off and pick up:**
 - * Drop off before 8:00 a.m. will be at the Family Life Center (Building #3). After 8:00 a.m., drop off will be at the Elementary Gymnasium- Building #5
 - * Pick up before 5:00 p.m. will be at Elementary Gymnasium- Building #5
 - * Pick up after 5:00 p.m. will be at Building #2- Family Church (unless otherwise posted).
- **Tennis Shoes must be worn at ALL TIMES!**
 - *Flip flops may only be worn on water days. Please bring tennis shoes to change into afterward.
- **Bring a change of clothes AND a towel on water play days.**
- Bring sack lunches Monday-Friday, except for pizza days. Pizza will be provided every other Friday—see activity calendar for Fridays with a “P” for pizza days.
 - * Please bring your child's water bottle each day with their name on it.**
- We are not liable for any lost or damaged items. Please talk with your child about being responsible for his or her belongings.
- **Vacation request forms must be submitted at least 7 days prior to the requested vacation week.** Vacation weeks are unlimited. Your child cannot attend any days during the week of your requested vacation. Vacation requests can only be made for FULL weeks, not for individual days.
- Weekly tuition is drafted every Monday.
- There will be a special request form that must be filled out to change your weekly bank draft amount from part-time to full-time or full-time to part-time. **You will be allowed one change per summer session per student. After this, your account will be drafted a \$50 fee for each subsequent change.**

Summer Day Camp ends Friday 8/9/24

Arkansas Christian Summer Day Camp
Completed K5 - 12 yrs
Authorization Agreement for Pre-Authorized Payments

Child's name _____ Amount of Draft \$ _____

Drafts will take place every Monday and will be continuous until a completed 7-day advance notice of withdrawal is approved by administration. Drafts will be processed regardless of attendance. **The only exception is if a 7-day advance notice for vacation has been received and approved by administration.**

Please mark the appropriate box:

- Full-Time Monday through Friday=\$150.00 weekly draft (Plus \$5.00 security fee)
- Part Time- 2 Days a week = \$70.00 weekly draft (Plus \$5.00 security fee)
- Part Time- 3 Days = \$105.00 weekly draft (Plus \$5.00 security fee)

Company Name: Destined to Win/FOM, Inc. (AKA Family Church, ACA, ACA Preschool and ACA Summer Day Camp).

I/we authorize ACA, hereinafter called Company, to initiate debit entries to my (our) checking account indicated below and the depository named, hereinafter called depository, to debit the same to such account.

Depository Name/Bank _____

Address _____

City _____ State _____ Zip Code _____

Transit/ABA Number _____ Account Number _____

This authority is to remain in full force and effect until COMPANY and DEPOSITORY has received written notification from me (or either of us), of its termination in such time and manner as to afford COMPANY and DEPOSITORY a responsible opportunity to act upon it. Debit entries will be made with above financial agreement.

Printed Name _____

Signature _____ Date _____

Printed Name _____

Signature _____ Date _____

ATTACH A VOIDED CHECK



**Summer Camp
Vacation Request Form**

Today's Date: _____

Child's Name: _____

I would like to request a vacation week beginning _____ and ending _____.

I understand that I will be notified in writing of the decision made by the administration regarding this vacation time. I further understand that according to the Policy Manual vacation time must be taken Monday through Friday only and **I must submit this form to the office seven days prior to the vacation time.**

June-August (Summer Term)

Parent Signature

Date

For Office Use Only

Memo:

Will freeze draft: _____ Draft will resume: _____

_____ Approved Unapproved

Accountant

Date