



Academy Adventures

St. Mark Christian Academy's Summer Camp Program

2714 Frederick Blvd., Portsmouth, VA 23704

(757) 399-7176

smca@stmarkva.org



Member School

WELCOME PARENTS & CAMPERS

As an extension of St. Mark Missionary Baptist Church (SMMBC) and St. Mark Christian Academy (SMCA), we are offering nine weeks of a fun, safe environment where children may come to know and love the Lord Jesus Christ. Here they will experience positive personal growth while continuing to keep young minds stimulated throughout the summer. Families attending SMCA Summer Camp must agree with the program's Statement of Faith, Statement of Cooperation and all program policies. If you have any questions, please contact the main office at (757) 399-7176 to speak to one of our helpful staff members.

We do not have the facilities or staff to support Special Education or Special Needs Services. If after enrolling in St. Mark Christian Academy Summer Camp, it is determined that your child has a special need that we are unable to meet, you may be asked to find the best summer program to meet the needs of your child.

MISSION STATEMENT

The mission of St. Mark Christian Academy is to seek to create a nurturing learning environment, which provides for the spiritual, mental, intellectual, and physical growth of each child, while reaching academic excellence and strengthening Christian principles. We know that children need a variety of skills on all levels to become successful, and our goal is to provide those vital skills during their early and formative years that will prepare them and insure their success for future years. Our motto is "Young Minds Connected to a World of Knowledge."

VISION STATEMENT

Our goal for St. Mark Christian Academy is to set high academic standards while strengthening Christian principles through a strong instructional and Christian based program. We will strive to build a sense of pride in each child by recognizing his/her individual accomplishments.

St. Mark Christian Academy admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions, and other school-administered programs.

ALL THE FUN WE WILL HAVE THIS SUMMER!!

Please review the below list for the type of activities to be planned for the summer.
Please Note: Availability of activities is based on the age of the child.

- Norfolk Zoo
- Spirit of Norfolk
- Virginia Aquarium
- Cloud 9
- Bike Bonanza & Water Works
- Fun Forest
- Laser Tag
- Captain Jacks
- Cinema Café
- Jockey's Ridge
- Duck Donuts
- Roller Skating
- Bowling
- Swimming
- SO MUCH MORE!!



2020 ACADEMY ADVENTURES CAMP FEES

Due to our dedication to staff/child ratios, registration and all other associated fees are required at registration in order to staff appropriately. If at any time you need to make any changes to the agreement, please notify the school one week in advance to ensure your available slot can be available for others. If you have any questions, please contact the main office at (757) 399-7176 to speak to one of our helpful staff members.

REGISTRATION FEE

- Registration Fee – \$75.00 per child/family
- When a family registers more than one (1) child, only one (1) fee is required.

WEEKLY FEES

- **The weekly fee per child is \$125.00 beginning June 15, 2020 and continuing for 9 weeks through August 14, 2020.**
- The weekly fee(s) are due every Monday or the start of each week.
- During the 9 weeks, each child/family is allotted one (1) vacation week.
- A ten percent (10%) discount on tuition will be applied to additional siblings.

OTHER FEES

- SMCA Academy Adventures is offered 6:00 a.m. – 6:00 p.m.
- A Late Fee of \$15.00 is assessed per camper if picked up after 6:00 P.M. (*Please call if you will be late*)
- A fee of \$35.00 will be assessed for all checks returned by the bank for any reason.
- **ALL FEES ARE NON-REFUNDABLE AND NON-TRANSFERABLE.**

FINANCIAL POLICY

- All fees are the same regardless of holidays, absences, or camp closures and are non-refundable and non-transferable.
- No refunds are given for absences or illnesses or closures due to inclement weather or emergencies.
- All fees are due every Monday of the week and must be paid in full no later than Tuesday of the current week. Failure to pay by close of business on Tuesday will result in dismissal and campers will not be admitted back until the account is brought current.
- Fees may be paid in advance.
- A fee of \$35.00 will be assessed for all checks returned by the bank for any reason. After two (2) checks are returned, all remaining payments must be made by money order or cashier's check.
- **Failure to pay on time and in full (including late fees) will result in dismissal.** While we are a Christian program, we are dependent on all fees being paid on time.

Academy Adventures Summer Camp

2020 Camp Application

Office Use Only

Date Application Rec. _____

Date Birth Cert. Rec. _____

Date Health Form Rec. _____

Date Immunizations Rec. _____

Registration Fee Paid _____

Other:

Check List (ALL Campers)

___ Completed Application

___ Registration Fee (\$75.00)

___ Custody Agreement (if applicable)

___ Statement of Cooperation

Additional For New Campers

___ Birth Certificate

___ Health Form

___ Immunizations

CAMPER INFORMATION

Last Name:		First Name:		Middle Name:	
Preferred Name:			Date of Birth:		Current Age:
Entering Grade:	Race/Ethnicity:		Male _____	Female _____	
Primary Address: (Street)					
(City)		(State)		(Zip Code)	
Primary Phone:			Primary E-Mail Address:		
Student Lives With:			Is There A Custody Agreement? Yes No		
Church Affiliation:			Pastor:		

MEDICAL INFORMATION

Physician:		Phone:	
Dentist:		Phone:	
Preferred Hospital:		Address:	
Insurance:		Policy Number:	

ALLERGIES: (Please list ALL allergies, including food allergies, along with medical documentation to support)

PARENT/GUARDIAN INFORMATION

<u>Father's Information</u>		
Last Name:	First Name:	Middle Name:
Preferred Name:	Allowed to Pick Up Child? Yes No	Emergency Contact? Yes No
Primary Address: (Street)		
(City)	(State)	(Zip Code)
Primary Phone:	Cell Phone:	
Employer:	Job Title:	
Business Phone:	E-Mail Address:	

<u>Mother's Information</u>		
Last Name:	First Name:	Middle Name:
Preferred Name:	Allowed to Pick Up Child? Yes No	Emergency Contact? Yes No
Primary Address: (Street)		
(City)	(State)	(Zip Code)
Primary Phone:	Cell Phone:	
Employer:	Job Title:	
Business Phone:	E-Mail Address:	

<u>Other Legal Guardian (if applicable, legal documentation required)</u>		Relation:
Last Name:	First Name:	Middle Name:
Preferred Name:	Allowed to Pick Up Child? Yes No	Emergency Contact? Yes No
Primary Address: (Street)		
(City)	(State)	(Zip Code)
Primary Phone:	Cell Phone:	
Employer:	Job Title:	
Business Phone:	E-Mail Address:	

- **If divorced/separated, primary custody belongs to:** Mother _____ Father _____
- **Other parent has permission to receive:**
Financial Information _____ All Correspondence _____

Copies of legal documentation required

FINANCIAL RESPONSIBILITY

Name of Responsible Person(s) to Appear on Billing:		
Address: (Street)		
(City)	(State)	(Zip Code)
Primary Phone:	Alt Phone:	

EMERGENCY CONTACTS/ AUTHORIZED PICK UP *(other than parents)*

Name:	Relation:
Primary Phone:	Alt Phone:
Allowed to Pick Up Child? Yes No	

Name:	Relation:
Primary Phone:	Alt Phone:
Allowed to Pick Up Child? Yes No	

Name:	Relation:
Primary Phone:	Alt Phone:
Allowed to Pick Up Child? Yes No	

Name:	Relation:
Primary Phone:	Alt Phone:
Allowed to Pick Up Child? Yes No	

Name:	Relation:
Primary Phone:	Alt Phone:
Allowed to Pick Up Child? Yes No	

Application Affirmation

I hereby confirm that all information provided in this registration application is thorough and correct to the best of my knowledge. I understand that any changes needing to be made to this application must immediately be submitted to the main office in writing and that I will provide copies of all legal documentation where required.

Signed: _____ **Print:** _____ **Date:** _____

STATEMENT OF COOPERATION



Parents' Names: _____ Camper's Name: _____

In registering my child, it is my desire to have him/her complete the 2020 Summer Program. It is also my understanding that the policy of the camp is to make no refunds on registration, weekly fees and any other fees. I give my permission for my child to take part in all camp activities, and camp sponsored trips away from the camp premises, and I absolve the camp from liability to me or my child because of injury to my child at camp or during any camp activity.

It is also my understanding that children are admitted for one summer session at a time and Academy Adventures Summer Camp/SMCA reserves the right to dismiss a camper at any time during the nine week program for poor behavior, failure to pay weekly fees on time, or discovery that a child has a special need that we cannot meet. I acknowledge that I will still be responsible for any unsatisfied payments charged prior to the end of the summer program. **I understand, accept, and give my permission for photographs of my child at the camp; any sponsored events will be taken and used on the Academy Adventures Summer Camp/SMCA website, social media and in publications.**

Discipline Agreement

I agree that the staff and administration are given discretion in the discipline of our child(ren) and that appropriate consequences will be determined by age of the child and offense. I further understand that the camp administration reserves the right to dismiss, expel, or suspend any child at any time according to the guidelines stipulated in the handbook.

Matthew 18 Principle

I agree to follow the Matthew 18 Principle and always go to the person directly involved to work out any problems that I may encounter.

Example: Staff Member → Administrator → Pastor (Headmaster) → SMCA School Board.

Financial Agreement

Camp salaries and operating expenses are paid by the weekly fees of the program. Knowing the financial agreement by parents is very important to the financial stability of the camp, I agree to pay registration, weekly fees, and any other fees in accordance with the 2020 Summer Program Fee Schedule. **I understand that weekly payments are due by Monday of the current week and my child(ren) will be dismissed if fees are not paid in full by close of business on Tuesday of the same week.**

Parental Cooperation Agreement

In full cooperation with the camp, I agree that all camp paperwork and submitted paperwork becomes the sole property of St. Mark Christian Academy. I agree not to sue Academy Adventures Summer Camp/SMCA for any reason and agree to resolve any disputes through legally binding arbitration with Academy Adventures Summer Camp/SMCA Administrators and the Headmaster. I understand that breakfast items are not to be brought into the building; however, if my child does not like or is allergic to what is being served for lunch, I may send in a lunch that does not require microwaving or refrigeration.

I hereby acknowledge that I/we have read the preceding aspects and agree to comply with each of their requirements as stated, and all information provided is true to the best of my/our knowledge.

Signature(s)

(Parents or Guardians)

Date _____

(Parents or Guardians)

Date _____