



F.I.T. KIDS

FRIENDS IN TRUTH



BANNOCKBURN
CHRISTIAN ACADEMY

"I have no greater joy than to hear that my children are walking in the Truth." 3 John 1:4

Dear BCA Parents,

The F.I.T. Kids Summer Day Camp crew, which will include Margie Rosado, Mackenzie Fowler, Caroline Thornhill and Mary Catherine Thornhill, would like to welcome you to an action-packed summer at BCA. The calendar is filled with fun activities, games, devotionals, and experiences designed to keep your children laughing, playing, socializing and learning all summer long.

Several new options are available this year. Campers can attend FIT Kids Day Camps **by the day or half day** this summer. Two fabulous new camps, **Spanish** and **STEM**, are opening as well.

We have expanded our program to include Bannockburn church members as well as friends and family members of BCA Students. **Priority Registration will be given to BCA students, their siblings and family members ages 4 years old (Participants must be 4 years old by September 1, 2017, potty trained and self-sufficient in this area) to completed 4th grade, until April 28.** Take action now to secure your child's spot! Applications are also available online or at the Academy's Main Office.

Questions? Call 512-892-2706.

We look forward to sharing a great summer with your kids!

Many Blessings,

BCA FIT Kids Staff

F.I.T. Kids! Summer Day Camp

FIT Kids Summer Day Camps - F.I.T. (*"Friends In Truth"*) Kids is designed to provide worry-free care while giving children loads of summer fun in a safe, nurturing, and esteem-building environment.

Camp Dates | June 5 – August 4

Days Open | Monday – Friday

Camp Hours | 7:30am – 6:00pm

Enrollment | Weekly / Daily / Half Day

Registration | \$100 per child non-refundable Registration Fee must accompany Enrollment Application

Weekly - \$230 per week OR \$1840 for the full nine weeks (receive **ONE WEEK FREE** with this option)

Daily - \$55 per day

Half Day - \$30 per day (7:30-12:30 or 1:00-6:00)

Payment Terms | Payment is due the Monday *before* the week(s) enrolled

Payment Methods | Electronic payments through FACTS Management System or by check

Snacks & Lunch | **NUT FREE!** Morning and afternoon snacks will be provided to each student. Students will bring a NUT FREE sack lunch.

Ages: Campers must be 4 years old by September 1, 2017, potty trained and self-sufficient in this area.

NEW THIS SUMMER!!!!

Spanish Camp - Join our Spanish Immersion Camp this summer as we investigate the zoo and the ocean. Ms. Torres and Ms. Quiroga will help your young learner explore each theme through songs, books, crafts, and games while developing a love for Spanish!

Dates: Week 1-June 19-23 (El Zologico) and/or Week 2-June 26-30 (El Mar)

Time: 9:00am - 12:00pm

Ages: Rising 2nd -5th Graders

Cap: 20 students per week (ratio 10:1)

Cost: \$200 per week or \$375 per week when combined with FIT Kids Camp

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STEM Camp - Get ready for an amazing week of STEM! Join Ms. Smith and Ms. McMillin as they engage in hands-on activities focused around science, technology, engineering, and math. At our STEM camp, your young scholars will learn how to code robots through a maze, build ramps and while learning about force and motion, explore the concepts of magnetism, partake in science experiments, and explore, discover, and interact with many science and art materials. Your 5-8 year olds are sure to love this camp!

Dates: Week 1 June 5-9 and/or Week 2 June 12-16

Time: 9:00- 12:00

Ages: Rising Kindergarten - 3rd graders)

Cap: 20 students per week (ratio 10:1)

Cost: \$200 per week or \$375 per week when combined with FIT Kids Camp

I wish to register my child(ren) for the following BCA summer camps:

Child's Name (Print Clearly) _____ Age _____ DOB _____

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Child's Name (Print Clearly) _____ Age _____ DOB _____

Parent(s)/Guardian(s) – Please Print _____

Phone: _____ Email: _____

Initial

_____ I understand that there is a **one-time \$100 non-refundable FIT Kids Day Camp Registration Fee** for each child.

Initial Selected Weeks. You are financially responsible for all weeks selected.

	<u>Circle Days</u>	<u>Circle One</u>	<u>Mark One for ½ Day</u>
_____ Week 1 June 5 – 9	Daily: M T W Th F	FULL DAY or ½ DAY	_____ 7:30-12:30 OR _____ 1:00-6:00
_____ Week 2 June 12 - 16	Daily: M T W Th F	FULL DAY or ½ DAY	_____ 7:30-12:30 OR _____ 1:00-6:00
_____ Week 3 June 19 - 23	Daily: M T W Th F	FULL DAY or ½ DAY	_____ 7:30-12:30 OR _____ 1:00-6:00
_____ Week 4 June 26 - 30	Daily: M T W Th F	FULL DAY or ½ DAY	_____ 7:30-12:30 OR _____ 1:00-6:00
_____ Week 5 July 3 – 7*	Daily: M T W Th F	FULL DAY or ½ DAY	_____ 7:30-12:30 OR _____ 1:00-6:00
_____ Week 6 July 10 - 14	Daily: M T W Th F	FULL DAY or ½ DAY	_____ 7:30-12:30 OR _____ 1:00-6:00
_____ Week 7 July 17 - 21	Daily: M T W Th F	FULL DAY or ½ DAY	_____ 7:30-12:30 OR _____ 1:00-6:00
_____ Week 8 July 24 - 28	Daily: M T W Th F	FULL DAY or ½ DAY	_____ 7:30-12:30 OR _____ 1:00-6:00
_____ Week 9 July 31-Aug 4 (*No FIT Kids Summer Camp on July 4)	Daily: M T W Th F	FULL DAY or ½ DAY	_____ 7:30-12:30 OR _____ 1:00-6:00

STEM Camp

_____ Week 1 | June 5 - 9 _____ Week 2 | June 12 - 16

Spanish Camp

_____ Week 1 | June 19 - 23 _____ Week 2 | June 26 - 30

_____ I authorize BCA to deduct fees through my FACTS Management account for the weeks selected for FIT Kids, STEM and Spanish Camps.

Parent/Guardian **Child's Name** _____

Initials:

_____ I understand that I am financially responsible for all weeks in which I enroll my child. I agree to pay for all weeks enrolled even if my child is absent. I understand that payment will be made via FACTS Management System.

_____ I understand that all weekly tuition fees are due *before* the week enrolled begins and in accordance with the FACTS Agreement payment schedule.

_____ **Participants must be age 4 by September 1, 2017**; I understand that my child must be potty trained and self-sufficient in this area.

_____ F.I.T. Kids! Summer Camp hours are 7:30am to 6:00pm. **A late pick-up fee of \$1 per minute per child will be assessed after 6:00pm.** Late fees must be paid in full by 6:00pm on the Friday of the week in which they were incurred.

_____ I agree to provide the camp leaders with my proper contact, medical and the child's personal information at all times to ensure the safety and well-being of my child.

_____ I will provide my child with a **NUT FREE** sack lunch daily, a water bottle and sunscreen. F.I.T. Kids will provide morning and afternoon snacks and all other materials for weekly activities.

_____ All children participating in F.I.T. Kids Summer Day Camp will be expected to wear appropriate summer attire:
***Swimsuits for boys** must be mid-thigh in length and appropriately secured at the waist.
***Swimsuits for girls** must be one-piece or modest tankini. Please, nothing low-cut or revealing.
***T-Shirts** are preferable for boys and girls with no inappropriate language, slogans, graphics or innuendos; please no spaghetti straps or midriff attire.
***Shorts for girls and boys** must be mid-thigh at minimum and properly secured at the waist.

_____ I understand that F.I.T. Kids Camp Leaders reserve the right to refuse to allow my child to participate if conduct, language or attire is inappropriate. Camp Leaders will be responsible for contacting parents/guardians.

By my signature below, I certify that I have read, understand and accept all the terms and conditions described in this Enrollment Agreement.

Parent/Guardian Printed Name

Parent/Guardian Signature

Publishability: | I give permission for my child to be photographed and videoed during all camp activities. I understand that photographs and videos taken by Camp Leaders or BCA Staff/Faculty may be used for public relations purposes.

Parent/Guardian Signature(s)

Parent/Guardian Printed Name

Parent/Guardian Signature

By my/our signature(s) above, I/we certify that I/we have read, understand and accept all the terms and conditions described in this Agreement.

Child's Name (Print Clearly)

Age

DOB

Mother's
Name

Phone (H) _____ (C) _____ Email _____

Father's
Name

Phone (H) _____ (C) _____ Email _____

Pediatrician/
Physician

_____ Phone _____

Address _____

Preferred Hospital _____

Medical Insurance
Provider

_____ Phone _____

Policy # _____ Group # _____

Name of Primary Insured _____

In case of an emergency, please list 3 persons who can be contacted in the event we are not able to reach you:

Name

Phone

Relationship to Child

Child's Name | Print Clearly – One form per child.

Allergies or Special Dietary Needs:

List any person, other than parents, authorized to pick up your child.

Name

Phone

Relationship to Child
