



**Weekly
Field Trip**

**Water Play
Friday**

Providence Creek

**Provided Camp
T-Shirts**

**Provided Camp
Water Bottles**

Join the FUN!

2022 Providence Creek Academy Summer Camp Information Packet

Drop-off begins at 7:00 a.m.

Pick-up is by 6:00 p.m.

In order to adequately plan staffing, food supply, materials, etc. for all Campers, families are required to submit payment for the intended week of attendance by the Friday **before** to reserve their spots.

PCA will provide breakfast and afternoon snack every day. Please be sure to pack a lunch every day, including field trip days. Water days and on site activities are all included in the tuition.

**** A sibling discount will be applied if children are present on the same day. ****

Please note, there will be a \$25 **per child** field trip fee for **every** field trip. This will be included within your weekly bill.

If you would like to register your child/children for 2022 PCA Summer Camp, please complete the attached registration form. If you have more than one child, please complete a registration form for **each** child.

Important Camp Information

Once your child/children's registration form and \$50 registration fee (**per child**) is received, you will be followed up with regarding your registration via email.

***** THIS DOES NOT GUARANTEE YOUR CHILD'S SPOT IN CAMP *****

Registration is accepted on a first come, first serve basis. Once all required information and the registration fee is received for each child, you will receive an additional information packet. If your child is not accepted, this means that camp is full and they will be placed on the camp's waiting list. Your registration fee will be mailed back to you and you will be notified if an opening occurs.

If your child attended our summer camp in 2019 or was in PCA's Aftercare in 2021/2022 and still has a balance remaining, your child will not be accepted into camp until you have paid your balance in full.

*****Please NOTE: There will be NO Camp on June 20th in observance of Juneteenth as well as NO camp July 4th in observance of Independence Day*****

Age Groups

GREEN TEAM - 4 & 5 YEARS OLD | PURPLE TEAM - 6 & 7 YEARS OLD
ORANGE TEAM - 8 & 9 YEARS OLD | BLUE TEAM - 10-13 YEARS OLD

**** Groups are subject to change based upon enrollment & birth date. ****

Each camper will receive a camp T-shirt and a water bottle!
Camp T-shirts must be worn **EVERY FIELD TRIP DAY!**

Number of Campers	Per Week (5 full days/ includes water play days/ <u>DOES NOT</u> include field trips)	Per Day (with an additional fee of \$25 per camper on field trip days and water play day)
1	\$200	\$55
2 or more	\$185 Each Camper	\$50 Each Camper

****Payment is due by the Friday before the week that your camper is attending.****

In order for us to better plan for the summer, please **CHECK** the weeks you plan on having your child attend camp below.

You are not obligated to the weeks you check or excluded from other weeks.

Week	Start date of week	End date of week	
1	June 21 st No Camp 6/20	June 24 th	
2	June 27 th	July 1 st	
3	July 5 th No Camp 7/4	July 8 th	
4	July 11 th	July 15 th	
5	July 18 th	July 22 nd	
6	July 25 th	July 29 th	
7	August 1 st	August 5 th	
8	August 8 th	August 12 th	

Please return your child's registration form and the \$50 registration fee (**per child**) to:

**Providence Creek Academy
273 W. Duck Creek Road / PO BOX 265
Clayton, DE 19938 ATTN: Summer Camp Registration**

Please note: Applications will not be accepted until registration fee is paid in *full*

Please email questions to Jennifer Seward (Director of Summer Camp), at

PCA.SummerCamp@pca.k12.de.us

2022 Providence Creek Academy SUMMER CAMP REGISTRATION FORM

Camper's Name: _____ Age: _____
(Last) (First)

Birthday: _____ Size T-Shirt: _____ (Youth / Adult)
(Month/Day/Year) YS 6-8 YM 10-12 YL 14-16 Adult S M L XL XXL

Does this child have any siblings attending camp? YES NO (circle one)

If yes, please provide names of siblings: _____
(PLEASE MAKE SURE THE SIBLING HAS A SEPARATE REGISTRATION & EMERGENCY FORM)

Is your child going to be (Circle One): FULL TIME (5 days a week) Drop-In Only

Parent/Guardian Name: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Email Address: _____
(Emails will be sent out periodically for important information about camp.)

Second Parent / Guardian Name: _____ Phone Number: _____

Address (If different): _____ City: _____ State: _____ Zip Code: _____

By signing below, I _____ understand that my child's spot is not yet guaranteed. I also understand that there is a \$50 registration fee to be paid in order for my child's registration to be complete.

(Parent/Guardian Signature) (Date)

☐ I understand that summer camp may post pictures to the website and I allow my child to be photographed.

☐ I do NOT want my child in any photographs that may be posted on the website.

Emergency Contacts-Only used in the event parents cannot be reached (two are required):

Name: _____ Relationship: _____

Phone _____ Email: _____

Name: _____ Relationship: _____

Phone _____ Email: _____

Primary Care Physician: Name/Number: _____

Student's Dentist: Name/Number: _____

Student Medical Alerts/Conditions: _____

Medication(s) Student takes on a regular basis: _____

Please list any allergies and reactions: _____

Medical Insurance _____ Policy/Group Number _____

In the event of illness or injury, Providence Creek Academy will attempt to contact both parents at all numbers listed to inform them of illness or injury; not to determine transport. If the parent/guardian is unable to be contacted, the emergency contacts will be called in the order they are listed. What is deemed as appropriate medical care will be provided, including contacting student physicians and/or ambulance transfer to a medical facility for further care and evaluation.

I, _____ (parent/guardian) of _____

Agree to the above emergency medical treatment procedure. I agree to assume responsibility for the cost of emergency care, including transportation by ambulance if necessary. I consent to any emergency "treatment, surgery, diagnostic procedure etc." by a medical facilities' physician that is necessary to ensure my child's health.