



Crusader Club Summer Camp 2010

Camp Hours: Monday – Friday 7:00 am – 6:00 pm

Who: Kids going into 1st through 8th grades

Fees: \$150.00 per week – space limited, first come, first served

Sessions include: Bible Stories, Science, Computer, Arts & Crafts,
Indoor & Outdoor Games, etc.

Typical Schedule: 7:00-9:00 – Morning Day care
 9:00-12:00 – Session – Chapel – Session
 12:00-3:30 – Afternoon Trip
 3:30-6:00 – Afternoon Daycare

Typical Weekly Trips:

Monday – Cookout William R. Mason Regional Park

Tuesday – Swimming – YMCA Laguna Niguel Pool

Wednesday – Groovy Movie Day

Thursday – All Day Field Trip – various, fun locations!

Friday – Beach Day – Typically T Street in San Clemente

Complete Packet, enclose check for registration & Tee shirts and mail to:

Mission Viejo Christian School

27192 Jeronimo Rd

Mission Viejo, Calif. 92692

Mission Viejo Christian Crusader Camp Summer Registration 2010

(Fill out a registration packet for **each** child: (“Grade” refers to the grade your child is entering Fall ‘10)

Student’s Full Name: _____ **Grade:** ___ **Gender:** M F **Birth date:** _____

Home Address _____ Apt. # _____ City _____ Zip Code _____

Father’s Name: _____ Lives with Student

Mother’s Name: _____ Lives with Student

Please put a check in the blank next to number(s) that is/are best to reach you.

___ Home Phone: _____ Email addresses: _____

___ Mother’s Cell: _____ Father’s Cell: _____

___ Mother’s Work #: _____ Father’s Work#: _____



In case of emergency, if parents can’t be reached, please notify:

Name/Relationship to student	Address	Phone#	Cell phone#
------------------------------	---------	--------	-------------

In addition to the parents/guardians, List Person(s) your child may be released to:

1. Name/Relationship to student	Phone#	Cell phone#	2. Name/Relationship to student	Phone#	Cell phone#
---------------------------------	--------	-------------	---------------------------------	--------	-------------

3. Name/Relationship to student	Phone #	Cell phone#	4. Name/Relationship to student	Phone#	Cell phone#
---------------------------------	---------	-------------	---------------------------------	--------	-------------

Family Physician: _____ Phone: _____

Address: _____

Health Insurance: ___ Yes ___ No.

If yes, Company: _____

Group#: _____ Policy.#: _____

Special Medical Conditions of camper such as allergies, diabetes, epilepsy, asthma, bleeding disorder, etc.:

Current Medications:

Crusader Club Counselors may give the following “over the counter” medications as needed to the child listed above at the recommended dosages listed on the containers:

Tylenol Advil Tums Cough Drops Cough Medicine Other: _____



Summer Crusader Club Camp Health & Transportation Agreement

I (We) the parent(s) & or (legal guardian(s)) of _____ acknowledge that they are healthy and physically able to safely participate in the summer camp activities and to be transported to the off-site facilities listed.

I (We) the undersigned parent(s) of _____ a minor, do hereby authorize Mission Viejo Christian School as agents for the undersigned to consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or specific supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act on the medical staff of any accredited hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power on the part of Mission Viejo Christian School to give specific consent as his/her judgment may deem advisable.

By giving consent, I am waiving any claims against MVCS Crusader Club or its representatives for personal injury or property damage caused by events or circumstances beyond the reasonable control of Crusader Club. For the purpose of this waiver and consent, the activities referred to shall include transportation to and from the campus to these activities.

Print Name: _____

Signature of Parent or Guardian _____ Date _____

Mission Viejo Christian Crusader Camp Summer Registration 2010

Child's Name: _____

Child's Swimming Ability (circle one): Good Fair Poor Can't Swim

I would like to reserve the following weeks for my child at the 2009 Crusader Summer Camp:

Weekly tuition is \$150.00

(10% discount for 2nd child registered in Crusader Summer Camp)

Summer Camp Sessions That My Child Will Be Attending:

_____ (Wk 1) June 28-July 2

_____ (Wk 6) August 2-August 6

_____ (Wk 2) July 5-July 9

_____ (Wk 7) August 9-August 13

_____ (Wk 3) July 12-July 16

_____ (Wk 8) August 16-August 20

_____ (Wk 4) July 19-July 23

_____ (Wk 9) August 23-August 27

_____ (Wk 5) July 26-July 30

Since space is limited, PAYMENT IS REQUIRED FOR ALL WEEKS RESERVED REGARDLESS OF ATTENDANCE

CAMP SHIRTS – required for all campers

I would like to purchase the following camp tee shirts:

Child size (\$13 each) _____ Small _____ Medium _____ Large

Adult size (\$16 each) _____ Small _____ Medium _____ Large

Calculate fees due at time of registration:

Child Shirt(s) _____ X \$13.00 = _____

Adult Shirt (s) _____ X \$16.00 = _____

Registration Fees + \$75.00

Total Due \$ _____

***Payment for camp shirt(s) MUST be submitted with your registration packet.**

Financial Agreement

I understand that tuition for Crusader Club is due on or before the Monday morning for the week I'm paying.

_____ Initial

I understand that any payment returned for Non Sufficient Funds will be assessed an additional \$25.00 fee & Future payments may be required in cash or money order.

_____ Initial

I understand that any payment received after Wednesday of the week I'm paying for will be assessed a \$10.00 late fee.

_____ Initial

I understand that if my child has not been picked up by closing time (6:00 PM), I will be charged \$1.00 per minute for every minute thereafter. (Please note that we go by school time/clocks when checking in and out.)

_____ Initial

I understand I am financially responsible for the Crusader Club weekly tuition for the number of weeks that I have reserved, regardless of attendance.

_____ Initial

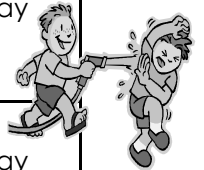
I understand that if I am negligent to pay the amount due by the Wednesday of the week I'm paying for (which would also include any late fees incurred during that time), Crusader Club has the right to refuse service to my child.

_____ Initial

Crusader Summer Camp 2010 Calendar of Events



	Week #	Monday	Tuesday	Wednesday	Thursday	Friday
JUNE	1	28 Park Cookout	23 Laguna Niguel Pool	1 Movie Day	2 Camelot Golfland	3 Closed Friday for the 4th of July Weekend
	JULY	2	5 Park Cookout	6 Laguna Niguel Pool	7 Movie Day	8 Knott's Berry Farm
3		12 Park Cookout	13 Laguna Niguel Pool	14 Movie Day	15 Santa Ana Zoo	16 Beach Day
AUGUST	4	19 Park Cookout	20 Laguna Niguel Pool	21 Movie Day	22 Aquarium of the Pacific	23 Beach Day
	5	26 Park Cookout	27 Laguna Niguel Pool	28 Movie Day	29 Natural History Museum	30 Beach Day
6	2 Park Cookout	3 Laguna Niguel Pool	4 Movie Day	5 Chuck E Cheese	6 Beach Day	
7	9 Park Cookout	10 Laguna Niguel Pool	11 Movie Day	12 Soak City	13 Beach Day	
8	16 Park Cookout	17 Laguna Niguel Pool	18 Movie Day	19 Discovery Science Center	20 Beach Day	
9	23 Park Cookout	24 Laguna Niguel Pool	25 Movie Day	26 Holiday Skate	27 Beach Day	



All scheduled trips are subject to change! ©