



CALVARY CHAPEL RIALTO CHRISTIAN SCHOOL

1391 W. Merrill Ave. Rialto, CA 92376 • (909) 820-9072 • fax (909) 820-7399 • school@ccrialto.org • www.ccrialto.com

SUMMER LION CAMP 2024: PASTOR QUESTIONNAIRE REQUIRED FOR NON-STUDENTS

**If your child has enrolled or re-enrolled for the 2024-2025 school year only complete pages 3 & 4.*

Child's First Name: _____ Last Name: _____

Date of Birth: ____/____/____ Gender: M/F Current Grade Level: _____ Grade Entering in September: _____

Mother's Name: _____ Father's Name: _____
First and Last Name First and Last Name

Address: _____ Home Phone #: _____
Street, City, and Zip

Mother's Work Phone #: _____ Father's Work Phone #: _____

Mother's Cell Phone #: _____ Father's Cell Phone #: _____

E-Mail Address: (This will allow you to use our online system which will give you access to making payments online.)

Mother's Email Address: _____

Father's E-mail Address: _____

Status of Parents: ___ Married ___ Separated ___ Father Deceased ___ Father Remarried
___ Divorced ___ Never Married ___ Mother Deceased ___ Mother Remarried

Student lives with: ___ Father ___ Mother ___ Stepparents ___ Foster ___ Legal Guardian ___ Other

Emergency Contacts/Pick Up - Person(s) to contact in the event of an emergency and/or authorized to pick up student(s) from SLC when the above Parent/Guardian cannot be reached. A Picture ID is required. In the event of an emergency, students WILL NOT be released to an individual not listed on this emergency list. NO EXCEPTIONS.

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Health/Medical

Is your child under medical care or taking any medication(s)? Yes No

If yes, please check all the following conditions your child has and indicate if medication needs to be dispensed at the school? (Please complete the "Authorization for Administering Medication" at School form.)

Medication/s: _____

Bee Sting Allergy - Yes No Epi-pen - Yes No Other Allergies: _____

Asthma - Yes No Inhaler - Yes No Medical Conditions: _____

Diabetes - Yes No Insulin - Yes No Other _____

Vision / Hearing - Yes No Glasses - Yes No Last Tetanus: _____

Do any of the above conditions limit his/her participation, including physical activities? Yes No If yes, please explain:

Family Health Care: Physician's Name: _____ Phone #: _____

Address: _____

Health Insurance #: _____

Student's Name: _____

Photo Release

I, _____, give authorization and consent for Calvary Chapel Rialto Christian School and Calvary Chapel Rialto to use my child's name, photographs, video camera recordings and interview comments for educational and promotional purposes. I understand these items may be distributed to individuals, groups, and the news media, and published in, but not limited to, advertisements, news releases, newsletters, slide shows, video presentations and the online.

Parent/Guardian Signature: _____

Authorization of Consent for Treatment

Calvary Chapel Rialto Christian School makes every effort to protect all students but does not assume any liability for injury. I, the Parent/Guardian of _____, do hereby authorize Calvary Chapel Rialto 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 provisions of the Medical Practice Act on the medical staff of a licensed hospital whether such diagnosis or treatment is rendered at office of attending physician or hospital. It is understood 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 aforesaid agents to give specific consent to any and all such diagnosis, treatment, or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.

Parent/Guardian's Printed Name: _____ Phone #: _____

Parent/Guardian's Signature: _____ Date Completed: _____

Medical Insurance: _____ Policy #: _____

Authorization for Medication Distribution (Please Select One Option): The medications below are to be provided by the parent/guardian. Select ALL medications approved to be administered.

<input type="checkbox"/> Antibiotic Cream	<input type="checkbox"/> Ibuprofen (Motrin/Advil)	<input type="checkbox"/> Pink Bismuth (Tums)	<input type="checkbox"/> Acetaminophen (Tylenol)	<input type="checkbox"/> Cough Drops
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OPTION ONE: Calvary Chapel Rialto Christian School is authorized to administer the following medication(s) to my child. (See Above) I agree to notify the school in writing of any changes in my child's condition with respect to the administration of medication or with any changes to the information provided on this form. I understand the school will have limited liability while administering medication. The school agrees to keep a log of medication administered to my child in school throughout the current school year.

Parent/Guardian's Signature: _____

OPTION TWO: Calvary Chapel Rialto Christian School is NOT authorized to administer any medication without my consent. I would like to be notified BEFORE any medication is administered to my child.

Parent/Guardian's Signature: _____

FOR OFFICE USE ONLY – MEDICATION LOG

Prescription Medications (All medication MUST be brought in its original container.):

Date In	Name of Medications	Dates to Take	Amount	Time of Day

Medication Log:

Date	Time	Temp.	Reason	Meds	Rest/Home/Class	Initials



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*SUMMER LION CAMP – 2024

Student's Name: _____
Last First

Calvary Chapel Rialto, Calvary Chapel Rialto Christian School, and Summer Lion Camp (hereto referred as CCR, CCRCs, and SLC respectively). Summer Lion Camp Using SLC is a privilege, not a right. Students who are not respectful and/or obedient may be denied the privilege of SLC.

CCRCs is offering a 9-week Summer Lion Camp program, from 6:00 am to 6:00 pm, beginning Wednesday June 26th, through Friday, August 23rd, 2024. Students entering Kindergarten through 8th grade in September are eligible.

The registration fee and first week's payment are due at the time of registration. Weekly fees are due each Friday. A \$30 late fee will be applied to your account if payment is not received by the specified dates.

If you know that your child will be absent for any week within the 9-week period, we ask that you please notify the school in advance. Please write the first day that your child will begin the SLC program: _____

Please check the week(s) that your child will attend the SLC program.

Weeks Attending:

- 6/26/24 – 6/28/24 7/22/24 – 7/26/24 8/19/24 – 8/23/24
- 7/1/24 – 7/5/24 7/29/24 – 8/2/24
- 7/8/24 – 7/12/24 8/5/24 – 8/9/24
- 7/15/24 – 7/19/24 8/12/24 – 8/16/24

Important Dates:

- 6/26 – First day of SLC! 6/26-6/28 will be prorated.
7/4 – Office Closed in observance of Independence Day
8/23 – Last day of SLC

Registration: \$126.50 for 1st child, \$115 for each additional child. First week's payment is due at time of registration. *Registration is non-refundable.* There are NO REFUNDS for unused days.

Weekly rates (please check one):

- \$149.50 per week for one child \$270 per week for two children \$391 per week for three children

The full amount is due every Friday, whether the child attends 1 (one) or 5 (five) days.

I understand that failure to submit the weekly payments in a timely manner may result in the withdrawal of my child/children from the SLC program until payments are made. _____ **Initials**

Miscellaneous Fees: Any child left after 6:00 pm will be charged a \$30 late pick-up fee per hour or any part of an hour. There will be a \$30 charge assessed to your account for each check returned for non-sufficient funds (NSF). After two NSF checks, only cash, cashier's check or money orders will be accepted for payment.

First and last name of other children attending the Summer Lion Camp program:

1. _____ Grade (in Sept.) _____
2. _____ Grade (in Sept.) _____
3. _____ Grade (in Sept.) _____

I have read and agree to the terms in the Summer Lion Camp Commitment, Fees and Policies.

Parent/Guardian Name (Please Print)

Parent/Guardian Signature

Date

***2024 SUMMER LION CAMP POLICIES**

Student's Name: _____
Last First

Calvary Chapel Rialto Christian School and Summer Lion Camp (hereto after referred to as CCRCS and SLC respectively) welcomes you and your child to our Summer Lion Camp. Please know your child will be given the best care possible with daily biblical instruction. As such, we respectfully request you read the following policies carefully and sign/initial in the appropriate spaces. By signing/initialing, you are agreeing with these policies and promise to adhere to the same. ***To assist in the development of Christian character and a Christian lifestyle, we require the contracting parent to be born-again and attend an evangelical, Bible believing Christian church on a weekly basis. Weekly church attendance by parents and students go hand-in-hand with church and school goals.**

◆ I agree to promptly pay the registration fee, SLC Commitment Fees, and all other fees or charges as established by CCRCS. (Please see Summer Lion Camp Commitment Fees.) I further agree to pay all costs incurred by CCRCS for the collection of delinquent fees, should such actions become necessary.

◆ I understand failure to submit the weekly payments in a timely manner may result in the withdrawal of my child/children from the SLC program until payments are made. _____ **Initials**

◆ I understand SLC will provide religious instruction in accordance with the Statement of Faith and all biblical principles as interpreted by the leadership of Calvary Chapel Rialto and CCRCS's administration.

◆ I agree to faithfully support the school through my prayers and positive attitude, and I agree to handle all problems and complaints that may arise according to the teaching of Matthew 18. As such, I will share disagreements or complaints with involved parties only.

◆ I understand if, for any reason, my child does not respond favorably to SLC, I will do everything in my power to cooperate with the school to help my child make the necessary adjustments. If these adjustments cannot be made, I then agree to quietly withdraw my child at the school's request.

◆ I understand I am responsible to cover the cost of damages sustained by CCRCS or damages to the personal property of others, caused by my child.

◆ I agree to notify CCRCS in writing if there are any changes in my child's medical history such as allergies or medical conditions. _____ **Initials**

◆ I agree to notify CCRCS in writing if someone is going to pick up my child other than those listed on the emergency information section of this application. _____ **Initials**

◆ I agree to support all policies as set forth by the SLC administration and teaching staff.

◆ I understand my child can be dismissed from SLC if any of the information in my child's admission application is found to be intentionally untrue in an effort to defraud CCRCS. As such, I further understand if such an event occurs, CCRCS reserves the right to deny school enrollment to my child.

◆ **I understand students will not be allowed to register into the Sumer Lion Camp program if any past tuition or fees are unpaid or delinquent for the 2024-2025 school year.** _____ **Initials**

◆ I understand my child can be dropped from SLC and denied admission into CCRCS in September if my child's account carries a delinquent status. _____ **Initials**

I/We understand that every effort will be made to protect and safeguard all students. Therefore, I/We agree not to hold Calvary Chapel Rialto Christian School liable for illness or mishap which may occur to our child. I/We will cooperate with the discipline policies as set forth by Calvary Chapel Rialto Christian School, including the detention/referral program. I/We wish to delegate to the school the responsibility of acting in *loco parentis* (in place of the parent) regarding the safety and welfare of the child named above during the hours school is in operation, either formally or informally in extra-curricular activities.

Contracting Parent's Signature _____

Father/Mother/Guardian _____

Date _____

----- **Office Use Only** -----

Child's Name:	Gr:	Child's Name:	Gr:	Child's Name:	Gr:
Registration: \$		Registration: \$		Registration: \$	
First Week: \$		First Week: \$		First Week: \$	
Other: \$		Other: \$		Other: \$	
Total Fees: \$		Total Fees: \$		Total Fees: \$	

Amount Received: \$ _____ Payment Type: Cash/Ck #: _____ Date Paid: _____ Amount Due: \$ _____

Copy Given to Parent Initial: _____



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SUMMER LION CAMP/ SUMMER LEARNING PROGRAM (BY TEACHER REFFERAL ONLY)

CCRCS is offering two SLP sessions. Each session will consist of four weeks.

Sessions will be Monday thru Friday, with the students meeting for three hours each day (9:00 am to 12:00 pm) with a 15-minute break. Please note: the last week of each session with end on Thursday so the teachers may assess the students.

Fees: Registration \$ 126.50 for 1st child, \$ 115 for each additional child.
SLP Session Fee \$ 368.00 per child

Please check the box beside the session your child will be attending:

- The first session will begin on Monday, July 1st - Thursday, July 25th 2024
- The second session will begin on Monday, July 29th – Thursday, August 22nd 2024

SUMMER LEARNING PROGRAM (SLP) WITH SUMMER LION CAMP WEEKLY FEES

If your child/children attend SLC the following additional rates will apply.

Please check one: \$57.50 per week for one child \$ 86.50 per week for two children
 \$ 115.00 per week for three children

Miscellaneous Fees: Any child left after 6:00 pm will be charged a \$30 late pick-up fee per hour or any part of an hour. There will be a \$30 charge assessed to your account for each check returned for non-sufficient funds (NSF). After two NSF checks, only cash, cashier's check or money orders will be accepted for payment.

I have read and agree to the terms in the SLP/SLC Commitment, Fees, and Policies. Fees ca not be prorated.

Parent/Guardian Name (Please Print)

Parent/Guardian Signature

Date

