

# Calvary Christian School

## Summer Program 2017

Director: Mrs. Julie Cacka  
(208) 321-7440 Ext. 406  
jcacka@ccsboise.org

The Summer Program is open Monday-Friday, 7 a.m.-6 p.m., for ages 3-12.

\*\*Summer Program begins June 12<sup>th</sup> and ends August 18<sup>th</sup>.

\*\*CLOSED JULY 3<sup>rd</sup> and 4<sup>th</sup>

\$50/child activity fee due at registration.

Proof of immunizations or signed exemption required.

Daily charges: \$15/half day  
(up to 5.5 hrs after drop off)

Daily charges: \$26/full day  
(over 5.5 hrs after drop off) Late fee  
of \$25 per 10 minutes after 6 p.m.

Student's Name: \_\_\_\_\_ M F  
(Last) (First) (Middle)

Age \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade \_\_\_\_\_ E-mail \_\_\_\_\_

Father/Guardian's Name: \_\_\_\_\_

Father's Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother/Guardian's Name: \_\_\_\_\_

Mother's Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell \_\_\_\_\_ Work Phone \_\_\_\_\_

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### Student Release Authorization

Our program will not release children to any person other than those listed on this form without prior written notification from the student's parent/guardian and **PROPER IDENTIFICATION**. Please list the people authorized to pick up your child from our program in the spaces below. **PLEASE REMEMBER TO LIST YOURSELVES.**

Student Name: \_\_\_\_\_

Name	Phone	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Parent/Guardian Signature

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Transportation Authorization (K-Middle School)

Student Name: \_\_\_\_\_

Dear Parent,

We must have a completed and signed form in order for your child to attend any planned field trips. This transportation release form will remain active as long as your child is one of our students. If the form is not completed and submitted, your child will not be permitted to attend our field trips.

The Calvary Christian Extended Program has my permission to transport my child on field trips.

\_\_\_\_\_  
Parent / Guardian Printed Name

\_\_\_\_\_  
Parent/Guardian Signature

Media Permission(all students)

(Please mark one of the following):

\_\_\_\_\_I give my permission for the Calvary Christian Extended Program to use my child's photo.

\_\_\_\_\_I do not give my permission for the Calvary Christian Extended Program to use my child's photo.

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## Medical Release Authorization

Student Name \_\_\_\_\_ M F

Last

First

Allergies (List food/drug/insect) \_\_\_\_\_ N / A

Allergy/ Asthma medications:

Name \_\_\_\_\_ Dosage \_\_\_\_\_

Other medications (name, dosage, reason taking):

Of the above medications, please list any /all needed at school:

Name \_\_\_\_\_ Dosage \_\_\_\_\_ Time \_\_\_\_\_

Name \_\_\_\_\_ Dosage \_\_\_\_\_ Time \_\_\_\_\_

DOCTOR'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_

DENTIST'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_

## PERSON AUTHORIZED TO MAKE MEDICAL DECISIONS IF PARENTS CANNOT BE REACHED

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Relationship to child \_\_\_\_\_

In the event that my child becomes ill or sustains an injury while in the care of the Extended Program and is unable to reach us, I, the undersigned parent or legal guardian of the child listed above, give my permission to those in charge to take whatever steps are necessary to ensure and preserve the health and wellbeing of my child. Consent is given to any licensed staff, physician or dentist to perform such emergency procedures deemed necessary to treat the emergency. I give consent for my child to receive emergency treatment (first aid and/or C.P.R) by any qualified staff member of the Extended Program, physicians or dentists. I also give my permission for my child to be transported by ambulance to an emergency center for treatment. In case of emergency, and if emergency transportation is needed, I agree to pay all costs of transportation and medical care. The staff of the Calvary Christian Extended Program cannot give any medication to students without proper authorization from parents, and only within the guidelines of the Medication Administration Policy.

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Parent/Guardian Signature