



**CRESCENT CITY  
CHRISTIAN SCHOOL**  
A MINISTRY OF CELEBRATION CHURCH

# Crescent City Summer Camp

**Crescent City  
Christian School  
4828 Utica St.  
Metairie, LA 70006  
(504) 885-4700**

**Dates: May 29, 2018—July 27, 2018  
Camp Hours: 6:00 A.M. - 6:00 P.M.  
Ages: PK4 - 7<sup>th</sup> Grade (at time of registration)  
Cost: \$150.00 per week**

**\$50.00 non refundable registration fee, per child (includes t-shirt)**

**Space is limited; camp registration is on a first come first serve basis.**

**REGISTER TODAY!!!!**

**(504) 885-4700 [www.celebrationchristianschoolsystem.org](http://www.celebrationchristianschoolsystem.org)**

**Highlights:**

- Field Trips Every Friday
- Painting Party - In-School
- SkyZone
- City Park/Storyland
- Airline Skate Center
- Lafreniere Spray Park
- AMC – Incredibles 2
- Red Barn - In-School
- Laser Tag
- Bookoo Bounce
- Colonial Bowling
- Praise and Worship
- Indoor Swimming Pool
- Board Game Room
- Indoor Play in Large Gym
- Outdoor Play in Large Play Yard
- Wii Game Room
- Computer Lab
- Weekly Art Projects
- Water Day every Thursday
- Kona Snowballs Once a Week
- Movie Theater Room

**\*Note some field trips are subject to change**

## **Swimming Lessons Available Upon Request & With an Extra Fee**

**Classes limited for maximum benefit.**

**Registration is required.**

**Registration information will be available at a later date.**

## CAMP INFORMATION

The Crescent City Summer Camp Program has three main objectives. The first is to provide students from Crescent City Christian School with a safe and fun environment to spend summer with many of the same kids they spend time with during the school year. The second is to provide young students who will be transitioning from a Pre-K program into Kindergarten with the opportunity to transition into a school program in a low pressure environment. The third is to provide children from the community a safe, fun and Godly environment in which to spend their summer. The opportunity to disciple our current students and church members and the opportunity to evangelize to the community through the children make this camp a worthwhile endeavor.

### **Mission:**

Crescent City Summer Camp exists to provide students with a warm, safe, fun and loving environment in which to spend their summer break. It is our desire to prepare students for the coming school year through fun and interactive activities which challenge the mind, body and spirit of each individual.

### **Ages:**

CCCS provides a quality age appropriate program for children **entering K5 through the 7<sup>th</sup> grade.**

### **Activities:**

- **Spiritual Growth and Evangelism-** Every aspect of the camp is designed with the child's spiritual well being in mind. There will be daily praise and worship in conjunction with a daily devotion and a weekly chapel service. In addition, each camp counselor is equipped to minister to the children on an individual level.
- **Daily Activities-** Each day the campers will rotate between classroom times (where devotions, arts and crafts and other activities take place), small and large group game and activity times, and outdoor playground time.
- **Arts and Crafts-** During the week campers will be involved in some type of arts and crafts.
- **Field Trips-** There is one age appropriate field trip per week.
- **Themed Weeks-** We will have various themed weeks throughout the summer (basketball, volleyball, etc.).
- **Snowballs-** Once a week Kona Ice will come to the school and provide your child with one snowball of their choice.

### **Swimming and Water Activities:**

**Indoor Swimming-** Children will have the opportunity to swim as deemed age-appropriate. Certified lifeguards will be on duty and with the children at all times. Their camp counselor will also be present during swimming times. Children will also have the opportunity to participate in swim lessons and fitness technique classes under the direction of certified instructors for an additional fee. (Please see flyer for details.)

## 2018 Crescent City Summer Camp Registration

**(Complete registration form and submit with non-refundable \$50 registration fee, per child)**

**Email 1:** \_\_\_\_\_ **Email 2:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Child's Name	D.O.B	Age	Grade Entering	Sex	T-Shirt Size

**T-shirt sizes:** YXS (2-4), YS (4-6), YM (8-10), YL (10-12), AS, AM, AL, AXL, AXXL

Children's Address: \_\_\_\_\_

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

Father's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

City & Zip \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

City & Zip \_\_\_\_\_ Cell Phone: \_\_\_\_\_

List emergency contacts, other than parent/guardian. Parents/guardians will always be notified first.

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**Persons authorized to pick-up your children:**

Name	Relationship	

Please indicate what week your child plans to participate: Week 1 \_\_\_\_\_ Week 2 \_\_\_\_\_ Week 3 \_\_\_\_\_  
 Week 4 \_\_\_\_\_ Week 5 \_\_\_\_\_ Week 6 \_\_\_\_\_ Week 7 \_\_\_\_\_ Week 8 \_\_\_\_\_ Week 9 \_\_\_\_\_

## Parental Consent

As the parent/legal guardian of the child to which this registration applies, we have read, understand and agree with the following:

1. Registration fees and payments are not refundable.
2. I/we understand and agree that my payment of \$150.00 per week is due **on or before the Thursday in advance of each week of participation.**
3. I/we agree to pay a late fee of \$5 if payment is made after the due date.
4. I/we further understand that our child will not be able to attend camp until accounts are up to date.
5. I/we understand that a \$25 fee will be charged for all returned checks.
6. I/we understand summer camp, by nature, includes activities, which have a potential for harm or injury, and so that our child can best participate and Crescent City Summer Camp most effectively offer day camp activities, I/we hereby waive, relinquish and surrender any and all claims and/or rights of action against Crescent City Summer Camp, Crescent City Christian School and Day Care, and Celebration Church, including any and all principals, agents, employees, and/or volunteers associated with any/all of these entities for any and all damages and/or injuries which may occur to my child or property while participating in any such day camp activity.
7. I/we understand my child/children who use earplugs when participating in water activities must be able to insert earplugs themselves. Camp staff is not permitted to put earplugs into camper's ears.
8. I/we understand that microwaves are not available for lunch or snacks.
9. I/we understand that medication will not be given by staff members. Parents must come to school to administer any necessary medication.
10. I/ we understand that my children will receive instruction from the Bible and will receive Spiritual training pursuant to a committed Christian life.
11. I/we give my permission for my child to accompany Camp Staff on office approved off-campus field trips and as published in camp schedules.
12. I/we understand that Crescent City Summer Camp reserves the right to dismiss children who do not honor the behavior guidelines and policies set forth.
13. I give Crescent City Christian (Summer Camp) permission to use my child's image (either video or still) as part of the promotional materials, press releases, commercials, and advertising opportunities through various media outlets (including but not limited to website, newspaper television, and on-line social media sites). This waiver will remain valid as long as the student is attending Summer Camp unless written notice is received from the parent. Please note, a refusal does NOT refer to photos of your child used in on campus displays or for large group photos in which the students are not individually identified.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

## Field Trip Permission Form

Child's Name: \_\_\_\_\_

Day	Date	Event	Location	Itinerary
Friday	June 1 <sup>st</sup>	<b>Zoo</b>	In-School	
Friday	June 8 <sup>th</sup>	<b>SkyZone</b>		Depart: Return:
Friday	June 15 <sup>th</sup>	<b>Aquarium &amp; IMAX Picnic Follows</b>		Depart: Return:
Friday	June 22 <sup>nd</sup>	<u><b>Airline Skate Center</b></u> <b>TBD</b>		Depart: Return:
Friday	June 29 <sup>th</sup>	<b>AMC Clearview-</b>		Depart: Return:
Thurs.	July 6 <sup>th</sup>	<b>Red Barn</b>	In-School	
Friday	July 13 <sup>th</sup>	<u><b>Laser Tag</b></u> <b>TBD</b>		Depart: Return:
Friday	July 20 <sup>th</sup>	<b>Colonial Bowling</b>		Depart: Return:
Friday	July 27 <sup>th</sup>	<b>LAST DAY FUN!!</b>	In-School	Depart: Return:

I give my permission for my child to attend, be transported to and from participate in the above activities and events.

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

\_\_\_\_\_  
Date

# Student Medical Form

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

List and explain any physical needs, conditions, limitations or medications of which our staff should be aware.

\_\_\_\_\_  
\_\_\_\_\_

**Medical History:** Please provide information on any medical history past or present that we should be aware of including allergies, chronic conditions, etc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physician's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Specialist: \_\_\_\_\_

Specific Medical Condition: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Office Phone: \_\_\_\_\_

I understand that my child may not be in possession - **at any time** - of any medication, prescription or over the counter.

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

\_\_\_\_\_  
Date

# Water Activities Permission Form

My Child (name) \_\_\_\_\_  
has my permission to participate in the following type of water activities:

- 1) Swimming in the indoor pool
- 2) Outdoor “water day” activities including sprinklers and water slides  
From May 29, 2018 through July 27, 2018.

All water activities will be located at:

Crescent City Christian School  
4828 Utica Street  
Metairie, LA 70006

I understand my child/children who use earplugs when participating in water activities must be able to insert earplugs themselves. Camp staff is not permitted to put earplugs into campers ears.

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

\_\_\_\_\_  
Date