



Crusader Summer Day Camp 2024

Crusader Summer Day Camp is designed for FACS students entering SrK-5th grade for the 2024-2025 School Year in need of safe and secure "all day" summer fun without the feeling of being in school.



DAY CAMP DATES: June 3 - July 19 (Closed: July 1-5)

CAMP HOURS: Monday - Friday, 9:00 a.m.-3:00 p.m.

EXTENDED HOURS: Before Care 7:30-9:00 a.m.
After Care 3:00-5:30 p.m.

REGISTRATION: Deadline is May 17, 2024.

Space is limited on a first come-first served basis.

ALL REGISTRATIONS MUST BE APPROVED BY FACS ADMINISTRATION.

Activities: No off-campus field trips. See Day Camp Daily Activity schedule for more information.

Lunch/Snack/Supplies: Campers need a sack lunch with drink, two snacks, and a water bottle each day. Backpack with light weight jacket and extra change of clothing. Please label everything!

Behavior Policy: Our basic rule is: "Obey the First Time". Discipline starts at home. Discipline notes will be sent home about minor issues to help us keep everything under control. We expect parental authority support at Day Camp. You will be notified to pick up your child immediately if your child's opposition cannot be resolved. Ongoing behavior problems will result in permanent removal from Day Camp (without refund).

We seek a peaceful and happy environment for each child. Day Camp is considered an extended service offered by FACS. All rules of FACS will be applied. Thank you for your interest in Crusader Summer Day Camp. **We will provide you with complete information about the program when registration and deposit are received.** It is our privilege to be of service to you!
Contact: Marilyn Turman at mturman@facsmemphis.org Day Camp phone: 901-324-8310

Sample of Daily Activities

Make and Do Monday
Team Trivia Tuesday
Wacky & Wild Wednesday
Treasure Hunt Thursday
Fun & Fitness Friday

(Activities are subject to change)

Sample of Daily schedule

7:30 to 9:00 a.m.	Early drop-off for registered campers
9:00 to 9:15 a.m.	Day Camp arrival time /arrival activity
9:15 to 9:30 a.m.	Instruction time, & Restroom break
9:30 to 10:30 a.m.	Morning activity begins
10:30 to 10:45 a.m.	Snack Time & Restroom break
10:45 to 11:15 a.m.	Morning Activity continues
11:15 to 11:30 a.m.	Morning Devotion
11:30 a.m. to Noon	Lunch, Restroom break, Dismissal for AM Half-day friends
12:00 to 12:30 p.m.	Outdoor Play
12:30 to 12:45 p.m.	Afternoon Instruction Time & Restroom Break
12:45 to 1:45 p.m.	Afternoon activity begins
1:45 to 2:00 p.m.	Snack & Restroom Break
2:00 to 2:15 p.m.	Afternoon Activity continues
2:15 to 3:00 p.m.	Restroom break, Afternoon Devotion, Camp Dismissal
3:00 to 5:30 p.m.	Extended Care for registered campers



I praise you, God, for I am fearfully and wonderfully made. Psalm 139:14

Crusader Summer Day Camp Registration 2024

Camper's Name _____ Age _____ M _____ F _____

Date of Birth _____ Grade Entering _____

Home Address _____ City _____ State _____ Zipcode _____

Father's Name _____ Employer _____

Hm. Ph. _____ Cell _____ Work _____

Email Address _____

Mother's Name _____ Employer _____

Hm. Ph. _____ Cell _____ Work _____

Email Address _____

Person's authorized by parents/guardians in case of emergency and pick-up:

Name _____ Name _____

Phone: (H) _____ Phone: (H) _____

(W) _____ (W) _____

(C) _____ (C) _____

EXTRA PICK-UP AUTHORIZATION

Additional persons authorized by parents/guardians to be granted release:

Name _____ relation _____ phone _____

Name _____ relation _____ phone _____

Name _____ relation _____ phone _____

Does your child have any special fears? (Y)____ (N)____ if **yes, please explain.** _____

Does your child require medical care? (Y)____ (N)____ if **yes, please explain.** _____

Does your child have chronic allergies? (Y)____ (N)____ if **yes, please explain.** _____

Current prescribed medication(s)_____

Doctor _____ Phone _____

Address _____

I do hereby authorize emergency care and will take full responsibility for ALL expenses incurred in the case of emergency.

Sign Here and Date

(Please complete all three pages) Pg. 1

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Payment Plan:

Registration Fee: \$20 per session / per child

(The registration fee is non-refundable and does not apply to your Day Camp balance.)

 Must choose ONE pay plan. A different pay plan for each session is **not** allowed.
 (No discounts or daily rates available)

Put a check by the amount of your pay plan choice:

Weekly Rates: (No refunds for days closed or missed)

Monday-Friday, 9:00 a.m.-3:00 p.m. _____ \$200

Monday-Friday, 7:30 a.m.-3:00 p.m. _____ \$235

Monday-Friday, 9:00 a.m. - 5:30 p.m. _____ \$235

Monday-Friday, 7:30 a.m. - 5:30 p.m. _____ \$270

Pick and choose one or more sessions. You must pay for the two weeks listed in each session.

Session One	Session Two	Session Three
June 3-7 and June 10-14	June 17-21 and June 24-28	July 8-12 and July 15-19
\$20 Registration fee plus Pay Plan due for these weeks on June 3, 2024.	\$20 Registration fee plus Pay Plan due for these weeks on June 17, 2024	\$20 Registration fee plus Pay Plan due for these weeks on July 8, 2024
Session 1: Yes _____ No _____	Session 2: Yes _____ No _____	Session 3: Yes _____ No _____

I agree to daily pick up my child by designated pick-up time “OR” I will pay an emergency fee of \$25.00 for the first ten minutes and \$2.00 for each minute thereafter. I understand this rule will be strictly applied. I have read the above payment plan and agree to all guidelines.

Parent/Guardian

Sign Here _____ Date _____

Child's Name _____ Age _____

Crusader Summer Day Camp 2024

I HAVE READ AND UNDERSTAND THE FOLLOWING REQUIREMENTS OF CRUSADER SUMMER DAY CAMP:

1. I understand that my child must be in good health and fever free each day before attending camp.
 2. I understand, I must pick up my child by the designated pick-up time to avoid late pick-up charges and possible removal of my child from Day Camp.
 3. I understand my child needs a lunch with drink, two snacks, and a water bottle daily.
 4. My child is expected to obey **all** rules the "first time" with possible removal from Day Camp due to continued behavior problems.
 5. I will call Day Camp, 901-324-8310 or FACS office, 901-458-5543 to notify of emergency.
 6. I understand, payments are due on Friday before each week of service. All check payments are made out to: FACS, for: Summer Crusader Day Camp. **I will place payments inside an envelope with my child's name on the front of the envelope.** Receipts will be given for each payment.
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POLICIES AND WAIVERS/RELEASE OF CLAIMS

I understand that Crusader Summer Day Camp personnel reserve the right to dismiss any child whose behavior becomes unmanageable or inappropriate. Inappropriate behavior would include anything that violates the policies of FACS. I understand that my child should wear neat, modest, and appropriate attire and that summer shorts are permitted, but must be conservative length.

I understand that FACS assumes no responsibility for injuries participants may sustain because of his/her physical condition or resulting from participation in any camp activities. I also acknowledge that I assume responsibility for all injuries and illnesses which may result from participation in camp activities. FACS will not be liable for lost or stolen items while participants are using FACS facilities or are on the FACS premises.

In the event of an emergency and my emergency contact person cannot be reached, I hereby give permission to FACS to transport my child to a medical emergency room for treatment. I also give permission for my child to participate in all activities for which he/she is registered. To the best of my knowledge, my child is in good health and able to participate in all Day Camp activities.

I give permission for my child's name and pictures to be used in FACS' publications/ advertisements/media relations/Shutterfly/website.

Child's Name _____

Age _____ Grade (entering) _____

Parent/Guardian Sign Here _____ Date _____

Parent/Guardian Sign Here _____ Date _____