



Crusader Summer Day Camp 2023

Crusader Summer Day Camp is designed for FACS students entering SrK-5th grade for the 2023-2024 School Year in need of safe and secure "all day" summer fun without the feeling of being in school.



DAY CAMP DATES: June 7 - July 21 (No Camp July 3 & 4)

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

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

REGISTRATION: Deadline is May 19, 2023. Registration after this date will only be accepted if space is available and registration fee will increase to \$70.

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

Space is limited on a first come-first served basis!
All registrations must be approved by FACS Administration.

Activities: No off-campus field trips are planned. 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 supporting us 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

Day Camp Daily Activities

Day of the Week:	*Morning Activities:	*Afternoon Fun With:
Monday	M&Ms/Magical Manners!	Adventures in Reading
Tuesday	Arts & Crafts	Math Games
Wednesday	Outdoor Recreation	Puzzles Galore
Thursday	Life Skills	Summer Science
Friday	Games Galore	History Facts for Kids
	*Subject to change daily	*Subject to change daily

Sample of Daily schedule

7:30 to 9:00 a.m. Early drop-off for registered campers

9 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 Outdoor play

12:30-12:45 Afternoon Instruction Time & Restroom break

12:45 to 1:45 Afternoon activity begins.

1:45-2:00 Snack & Restroom Break

2:00-2:15 Afternoon Activity continues.

2:15-3:00 Restroom break, Afternoon Devotion, Camp Dismissal

3:00- 5:30 Extended Care for registered campers



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

Crusader Summer Day Camp Registration 2023

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

Crusader Summer Day Camp 2023

Payment Plan:

Registration Fee: FACS Student \$60/per child

After 5/19/23 FACS Student \$70/per child

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

Weekly Rates

Full Time: 3-5 days, Mon-Fri, 9:00 a.m. - 3:00 p.m. \$160 (no refund for days closed or missed)
(First child- full rate, \$10 weekly discount offered for additional children in same household)

Part Time: 2 days, Tues. & Thurs., 9:00 a.m.- 3:00 p.m. \$80 (no refund for days closed or missed)
(No discounts offered for Part Time)

Half Day: 3-5 days, M-F, 9am-12pm -OR- 12pm-3pm \$95 (no refund for days closed or missed)
(No Before Care, After Care, or discounts offered for Half Day)

Before Care: 7:30-9:00 a.m. Full Time \$25 Part Time \$20

After Care: 3:00-5:30 p.m. Full Time \$35 Part Time \$25

(No discounts or daily rates available for Before Care and After Care)

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

Put a check by your plan of choice: Must choose ONLY one pay plan

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

Full Time, only _____\$160

Part Time, only _____\$80

Full Time & Before Care _____\$185

Part Time & Before Care _____\$100

Full Time & After Care _____\$195

Part Time & After Care _____\$105

Full Time, Before & After Care _____\$220

Part Time, Before & After Care _____\$125

Half Day, AM: 9am-Noon _____ \$95 -OR- PM: 12-3pm _____\$95

Only one time payment plan change allowed.

There will be a \$35 decision fee applied each time the payment plan is changed.

Please note: The Non-Refundable Deposit must accompany registration, no exceptions!

Payments are due on Friday before the week of service.

I agree to daily pick up my child by designated pick-up time "OR" I will pay an emergency fee of \$20.00 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 2023

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. I understand, a soft face covering is optional. I understand that my child cannot attend camp if my child has been exposed to COVID-19 and I will alert camp of my child's necessary quarantine at that time.
 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 a 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 the 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 _____