

Providence Creek Academy Summer

Camp

Field trips

*Daily Rate
*Weekly Rate
*Sibling
discount

Water Days



CAMP T-SHIRT



273 W. Duck Creek Rd. Clayton, DE 19938

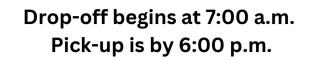


FUN & CREATIVE
LEARNING PROGRAMS, ART, SPORTS &
ADVENTURE

Many indoor and outdoor activities







In order to adequately plan staffing, food supply, materials, etc. for all Campers, families are required to submit payment for the intended week of attendance by the Friday before to reserve their spots.

PCA will provide breakfast and afternoon snack every day.
Please be sure to pack a lunch every day, including field
trip days.

** A sibling discount will be applied if children are present on the same day. **

Please note, there will be a \$25 per child field trip fee for every field trip. This will be added to your weekly bill.

If you would like to register your child/children for 2023 PCA Summer Camp, please complete the attached registration form. If you have more than one child, please complete a registration form for each child.

Important Camp Information

Once your child/children's registration form and \$50 registration fee (per child) are received, you will receive a follow up email with further registration information. **Please note:** Applications are accepted on a first come bases and will not be accepted until non-refundable registration fee is paid in full.

If your child attended our summer camp in 2022 or was in PCA's Aftercare in 2022/2023 and still has a balance remaining, your child will not be accepted into camp until you have paid your balance in full.

Please NOTE: NO camp July 4th in observance of Independence Day

Age Groups

GREEN TEAM - 4- & 5-YEARS OLD | **PURPLE TEAM** - 6- & 7-YEARS OLD **ORANGE TEAM** - 8- & 9-YEARS OLD | **BLUE TEAM** - 10-13 YEARS OLD

** Groups are subject to change based upon enrollment & birth date. **

Each camper will receive a T-shirt Camp T-shirts must be worn EVERY FIELD TRIP DAY!



1st camper - \$55
Sibling discount - \$50 (each additional camper)

Weekly Rate

1st camper - \$200
Sibling discount - \$185 (each additional camper)

Field trip cost \$25

**Payment is due by the Friday before the week that your camper is attending. **

2023 Providence Creek Academy SUMMER CAMP REGISTRATION FORM

Camper's Name:	Age:
(Last)	(First)
	Size T-Shirt:
Birthday: (Month/Day/Year)	
	Adult: AS, AM, AL, AXL, A2XL
Does this child have any siblings attending	camp? YES/NO (circle one)
If yes, please provide names of siblings:	PARATE REGISTRATION & EMERGENCY FORM)
	,
Is your child going to be (Circle One): Weekly	Rate (4 days or more) Daily Rate (3 or less)
Parent/Guardian Name:	Phone Number:
Address:	
City: State:	Zip Code:
State	
Email Address:	
(Emails will be sent out periodically fo	or important information about camp.)
Parent/Guardian Name:	Phone Number:
-	-
Address:(If different than above)	
City: State: 7	zip Code
Parent/Guardian Name:	Phone Number:
Parent/Guardian Name:	Phone Number:
**Emergency Contacts-Only used in the event p	parents cannot be reached (two are required more
may be l	isted later)

Pri	mary Care Physician: Name
Pho	one Number:
Stu	dent Medical Conditions (i.e. ADHD, asthma, seizers, etc.):
Me	dication(s) Student takes on a regular basis:
Ple	ase list any FOOD allergies
Ple	ase list any ENVIORNAMENTAL allergies
	SCHOOL EMERGENCY PROCEDURES
	camp has adopted the following procedures that will normally be followed in caring your child when he/she becomes sick or injured at camp. In extreme emergencies the camp will seek immediate medical care.
1.	In case of emergency and/or need of medical or hospital care: the camp will call the home, if there is no answer,
2.	the camp will call 1st emergency contact, if no answer,
3.	the camp will call 2nd emergency contact, if no answer
4. 1	f none of the above can be reached, the camp will call an ambulance, if necessary, to transport the camper to a local medical facility.
5. t	he camp will continue to call the parents, guardians, or emergency contacts until one is reached.
IfIc	annot be reached and the camp authorities have followed the procedures described, I agree to assume all expenses.
100	I give consent to any treastment, surgery, diagnostic procedure, or the nstration of anesthesia, which may be neede based on the meducal judgment of the adding physcian.
d	e my permission for my child to be given Benadryl (allergy med.) YES or NO
l give	e my permission for my child to be given (children's Tylenol as determined YES or NO e my permission for my child to be given Ibuprofen YES or NO e my permission for my child to be given ANY over the counter first aid treatments
	biotic ointment, hydrocortisone cream, sting/burn creams). YES or NO

