



# BUNDY CANYON

CHRISTIAN SCHOOL



## 2024 SUMMER PROGRAM

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June 17<sup>th</sup> to August 16<sup>th</sup>

**(Regular Daycare Provided Week of Jun.10<sup>th</sup> & Aug. 26<sup>th</sup>)**

**“THE PLACE KIDS LOVE TO BE”**

The Bundy Canyon Christian School “Summer Program” has always been a staple of fun, fellowship and learning at BCCS. Since the first year of school at Bundy Canyon in 1981, we have known learning doesn’t just stop because the final school bell has rung. At the BCCS Summer Program we intend to continue our vision of “Raising Young Disciples to Love and Know Christ”. Through daily class review designed with your child in mind, we intend to help your child retain what he or she has already learned and work on what he or she needs help with! **So come and join us in a summer of fun and fellowship!**

### KINDERGARDEN THRU 8<sup>TH</sup> GRADE

- Day Care 6 a.m. to 6 p.m.
- Summer School from 9:00 a.m. to 12:00 noon
- Daily Bible Study
- Themed Weeks of Fun Activities
- Daily Outside Activities – Kickball, Scavenger Hunts, etc.
- Fun Arts & Crafts
- Water Slide & Water Days (Tuesdays & Thursdays)
- Over-Night Camp out (TBA)

### Things You’ll Need for Enrollment

In order to enroll in the Summer Program, **you must fill out the entire Summer Enrollment Packet** and return it along with your child's Immunization Record. If you are a returning student, and there are no changes in basic information (i.e., address, phone, etc.) just write **"NO CHANGE"** where appropriate. Then prepare yourself for an amazing SUMMER!

2024-25 NEW SCHOOL YEAR BEGINS TUESDAY, SEPTEMBER 3, 2024



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TODAY'S DATE: \_\_\_\_\_

DATE ENROLLED: \_\_\_\_\_

Student's Full Name: \_\_\_\_\_

(First)

(Middle)

(Last)

(Nickname)

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

(Street)

(City)

(Zip)

(Home Phone)

Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Birthplace: \_\_\_\_\_

Grade Attended Last Year: \_\_\_\_\_

Do you currently attend church?  Yes  No  Regularly  Occasionally  Not currently attending

Who is your child living with? \_\_\_\_\_

Father's Name: \_\_\_\_\_

other's Name: \_\_\_\_\_

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

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

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

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

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

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

Place of Employment: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

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

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

DOB: \_\_\_\_\_ SSN# \_\_\_\_\_

DOB: \_\_\_\_\_ SSN# \_\_\_\_\_

CDL#: \_\_\_\_\_ EXP: \_\_\_\_\_

CDL#: \_\_\_\_\_ EXP: \_\_\_\_\_

FINANCIAL RESPONSIBILITY PARTY SSN#: ( Father,  Mother) \_\_\_\_\_

SIGNATURE OF PARTY RESPONSIBLE: \_\_\_\_\_ DATE: \_\_\_\_\_

Person(s) to contact in case of EMERGENCY or illness:

NAME	RELATIONSHIP	HOME/CELL PH.	WORK PH.
_____	_____	_____	_____
_____	_____	_____	_____

Additional person(s) authorized to pick up your child from school:

NAME	RELATIONSHIP	HOME/CELL PH.	WORK PH.
_____	_____	_____	_____
_____	_____	_____	_____

Person(s) NOT ALLOWED to pick up your child:

NAME	RELATIONSHIP
_____	_____
_____	_____

Does your child have any physical disabilities?  Yes  No If yes, explain \_\_\_\_\_

Allergies (including bee stings)?  Yes  No If yes, what happens \_\_\_\_\_

Is your child taking any medication?  Yes  No If yes, what \_\_\_\_\_

Does it need to be administered at school?  Yes  No

Additional comments or concerns you would like us to know about: \_\_\_\_\_

MAY YOUR CHILD BE ADMINISTERED TYLENOL WITHOUT CALLING A PARENT OR GUARDIAN?

Yes  No



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### K THRU 8<sup>TH</sup> FEES AND SCHEDULING

**\$35 Book fee per student due at Registration.**

Check all that apply:

<u>WEEKLY</u>		<u>DAILY</u>	
1 <sup>ST</sup> Child	\$160 ___	1 <sup>st</sup> Child	\$50 ___
2 <sup>nd</sup> Child	\$150 ___	2 <sup>nd</sup> Child	\$45 ___
3 <sup>rd</sup> Child	\$135 ___	3 <sup>rd</sup> Child	\$40 ___

Daily: \_\_\_ Mon \_\_\_ Tue \_\_\_ Wed \_\_\_ Thurs \_\_\_ Fri

**Please check the weeks your child will attend below:**

___ June 17 <sup>th</sup>	___ July 1 <sup>st</sup>	___ Aug 5 <sup>th</sup>
___ June 24 <sup>th</sup>	___ July 8 <sup>th</sup>	___ Aug 12 <sup>th</sup>
	___ July 15 <sup>th</sup>	___ Aug 19 <sup>th</sup>
	___ July 22 <sup>th</sup>	
	___ July 29 <sup>th</sup>	

For all weeks checked you will be billed the Monday of that week. Any changes to the above attendance must be in writing and submitted to the office no less than one week prior to change.

### Important Information and Terms

- Fees are due each Monday for the week attending. Payments must be made weekly.
- Payments can be made in the office or through the QuickSchools program.
- Credit card payments are subject to a 4% processing fee.
- All checks must be made payable to: Bundy Canyon Christian School or BCCS.
- Failure to pay after two weeks will result in child dropped from Summer Program.
- Past due accounts will be sent to a 3<sup>rd</sup> Party Collection Agency.
- We reserve the right to refuse service for violation of school policies or non-payment of fees.

I have read, understand, and agree to all terms set forth in the above "K-8<sup>th</sup> Summer Program Fees & Scheduling" Rate Sheet.

\_\_\_\_\_  
Childs Name

\_\_\_\_\_  
Parent/Guardian's name print

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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### SUMMER ENROLLMENT AGREEMENT

I understand that the standards of Bundy Canyon Christian School (BCCS) do not tolerate profanity, obscenities in word or action, possession of drugs, alcohol, tobacco products, sexual harassment, dishonor of the Word of God, disrespect to the personnel of school or continued disobedience to the established school policies. I also understand that the school reserves the right to expel any student who fails to comply with the established regulations and discipline (see Handbook).

I understand that arrangement of payment of the Summer Program Fees and for other financial obligations must be completed before my child's first day in the program. Please note that BCCS observes all National Holidays (See School Calendar) and are accounted for in your Summer Program Fees. In other words, you will be billed for all national holidays that fall on your child's regularly scheduled day if you are in the Weekly Pgm.

REFUND POLICY OF PAID SUMMER FEES: I understand that if I withdraw my child from the Summer Program before the end of the summer session that I will only receive a 50% refund for the remaining portion of that program's payment.

WEEKLY INSTALLMENT PAYMENTS: The Summer Program Fee is a fixed amount (See Rate Sheet) and is payable in weekly installments. Each payment is due on the Monday of the current week. **Failure to pay within two business days will result in the charge of a \$15 late fee.**

WITHDRAWAL: I understand a written notification must be given to the school office 1 week prior to withdrawing my child from the Summer Program. Failure to do so will result in being charged for that 1-week period regardless of attendance. I understand that upon disenrollment, all fees, charges, and invoices, must be paid in full. Failure to do so will result in a \$5 fee being applied to your account per child monthly until account is paid in full.

ATTENDANCE: I understand that the enrollment I have reserved for my child will be charged to my account regardless of my child's attendance, whether for absence or illness unless otherwise notified and approved by the office. All children must be picked up by 6:00PM. A late fee of \$10.00 will be charged for every 15 minutes past 6:00PM per child. **A written or emailed notice must be submitted to the office not later than 1 week for all vacations and planned absences; failure to do so will result in the billing of your account regardless of attendance.**

CHANGE OF ATTENDANCE: I understand I need to give 1 week written notice to the office in order to change or update my child's Summer Program enrollment because of limited space; failure to do so will result in the billing of your account regardless of attendance.

PAST DUE ACCOUNTS: I understand that if I fall behind on my Summer Program payments and/or any other financial obligation to BCCS that I will immediately contact the school and enroll in a repayment plan in order to keep my child enrolled as a student at BCCS. I understand that BCCS reserves the right to disallow my student from attending BCCS if my account is not kept current. BCCS will make every effort to keep the student enrolled at BCCS as long as the parent(s) is making an honest, consistent attempt to pay on their past due Summer Program account and/or repayment plan schedule. **I understand that if my account falls 2 weeks behind on any given fee, charge, or invoice, my account will receive a \$30 late fee and will be sent directly to a 3<sup>rd</sup> Party Collection Agency for further processing and my child dropped from the Summer Program.**

I have read, agree, and understand all terms listed in the above "Summer Enrollment Agreement."

\_\_\_\_\_  
SIGNATURE OF PARTY RESPONSIBLE FOR PAYMENT

\_\_\_\_\_  
RESPONSIBLE PARTY'S CDL#

\_\_\_\_\_  
Date



# BUNDY CANYON CHRISTIAN SCHOOL



## 2024 SUMMER PROGRAM

### AUTHORIZATION AND CONSENT TO TREATMENT OF MINOR

*(Pursuant to California Civil Code Section 25.8)*

### AND MEDICAL INSTRUCTIONS

I/we, the undersigned Parent(s)/Guardian(s) of \_\_\_\_\_,  
(Student's Name)

a minor, do hereby authorize **BUNDY CANYON CHRISTIAN SCHOOL** as agent for the undersigned to consent to any X-Ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care, which is deemed advisable by, and is to be rendered under the provisions of the Medical Practice Act on the Medical Staff of a local hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. It is understood that this authorization is given in advance of any specific authority and power on the part of our aforesaid agent to give consent to any and all such diagnosis, treatment or hospital care which aforementioned physician in the exercise of his best judgment may deem advisable. In the absence of parent or guardian, the above-mentioned agent is authorized to make decisions concerning the positive health and welfare of this minor.

This authorization shall remain effective while the above minor is in the care of **BUNDY CANYON CHRISTIAN SCHOOL** until \_\_\_\_\_, 20\_\_\_\_ or unless sooner revoked in writing and delivered to said agent.

Date \_\_\_\_\_ Father (**Signature**) \_\_\_\_\_

Witness \_\_\_\_\_ Mother (**Signature**) \_\_\_\_\_

Witness \_\_\_\_\_ Legal Guardian (**Signature**) \_\_\_\_\_

Name and address of person who will care for the child in an emergency:

Name/Relationship \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name/Relationship \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name/Relationship \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Physicians Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

### MEDICAL INSURANCE:

\_\_\_\_\_  
Name of Insurance Company

\_\_\_\_\_  
Subscriber ID/Policy/Group Number

\_\_\_\_\_  
Telephone

\*Please attach a copy of the child's medical card.

### MEDICAL CONDITIONS/HEALTH DISABILITIES:

Please state any medical condition(s)/health disabilities that we need to be aware of

\_\_\_\_\_.

Please list all medication(s) your child may/will be taking while at school \_\_\_\_\_

\_\_\_\_\_.

Please explain exactly how medicine is to be administered by school staff and any other procedures we should follow \_\_\_\_\_

\_\_\_\_\_.

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

Parent/Guardian: \_\_\_\_\_

(Signature Required)



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### Information Release Form

Dear Parents:

According to the California Privacy Act, schools are not permitted to release names, addresses and/or telephone numbers to any group or organization requesting such information except for the news media without the consent of the parent.

Occasionally, we will be calling on parents for help with class parties, field trips and fund-raising activities. A volunteer parent or other person in charge may need to contact you for help. In addition, at various times, parents call to get phone numbers or addresses of their child's classmates for parties and/or other special occasions.

- Yes, you may release my child's information. My phone is: \_\_\_\_\_.
- No, I do not want my child's name, address or phone number released.

In addition, we would also like your permission to use your child's photo and/or first name only for use on our Website, Facebook Page, Annual Yearbook and/or for advertising purposes. Please sign below letting us know your preference regarding the use of your child's first name and photo.

- Yes, you may use my child's first name and/or photo.
- No, you may not use my child's first name or photo.

Also, this year our school is using the REMIND phone (texting) App to notify parents of an Emergency and other school/class related information. If you would like to be added to our REMIND list and you want to receive text messages, please indicate below and give us your cell phone number. However, you must download the App to your cell phone and join "Bundy Canyon Christian School Family" to begin receiving our texts. (Please see REMIND flyer).

- Yes, you may send me text messages. My cell phone is: \_\_\_\_\_.
- No, I do not want to receive text messages.

Name of Child: \_\_\_\_\_ Grade: \_\_\_\_\_

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

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_