



SUMMER PROGRAM REGISTRATION FORM 2024

IN ORDER FOR REGISTRATION FORMS TO BE PROCESSED, ALL SECTIONS MUST BE COMPLETED. EMAIL APPLICATION TO SUPPORT@LUNACHRISTIANACADEMY.COM

MAIN CONTACT

LAST NAME:	FIRST NAME:	GENDER: <input type="checkbox"/> M <input type="checkbox"/> F
HOME PHONE:	WORK PHONE:	CELL PHONE:
ADDRESS:	CITY:	POSTAL CODE:
EMAIL:		

SECONDARY CONTACT/ALTERNATE

LAST NAME:	FIRST NAME:	GENDER: <input type="checkbox"/> M <input type="checkbox"/> F
HOME PHONE:	WORK PHONE:	CELL PHONE:
ADDRESS:	CITY:	POSTAL CODE:
EMAIL:		

PARTICIPANT INFORMATION

LAST NAME:	FIRST NAME:	GENDER: <input type="checkbox"/> M <input type="checkbox"/> F
BIRTHDATE (MM/DD/YY):		
T SHIRT SIZE: Adult S M L XL		

Does your child have your permission to be released on their own at the end of their camp day?

☐ Yes ☐ No

Signature: _____

CODE OF CONDUCT

The safety of each individual in the program is of the utmost importance to Luna Christian Academy (LCA). Each registrant must recognize a personal responsibility to learn and follow at all times the safety and other rules established by the LCA staff.

I hereby agree that any behavior of the registrant that places him/herself or others at risk may result in the registrant's immediate dismissal from the program. Further, if dismissed from the program, I agree to cover any expense(s) arising from such dismissal. I hereby acknowledge and agree that no refund will be granted for dismissal or removal of the registrant at his/her request before the end of a program session. In order to ensure the safety and well-being of all individuals participating in the program, LCA reserves the right to alter the programs at any time without notice or compensation to the Registrant.

I have read and understand the Code of Conduct. Signature: _____

Are there any court orders or custody restrictions which would prevent us from communicating with either parent/guardian?

☐ Yes ☐ No If yes, we will contact you for additional information.

HEALTH HISTORY AND PERSONAL INFORMATION

Is the participant under any form of treatment for an illness, condition or injury? ☐ Yes

☐ No If yes, please explain and detail routines, medications, adaptations etc.

Does your child have any medical or behavioral conditions that we should be aware of? ☐

Yes ☐ No If yes please take a moment to explain:

Carries Epi-pen: ☐ Yes ☐ No

For: _____

Wears Medic-Alert Bracelet: ☐ Yes ☐ No

For: _____

Allergies

Seasonal Yes ☐ No ☐ _____

Insect ☐ Yes ☐ No _____

Drugs Yes ☐ No ☐ _____

Other ☐ Yes ☐ No _____

Food ☐ Yes ☐ No _____

ALTERNATE/EMERGENCY PICK UP

This is a person over the age of 16 who is authorized to pick up your child and can be contacted by OMSG staff when the parent/guardian can't be reached.

ALTERNATE CONTACT #1

Name: _____ Relationship: _____

Cell phone: _____

CONFIRMATION, PAYMENT, CANCELLATIONS AND REFUNDS

Requests for cancellations or refunds must be made in writing and submitted to Luna Raphael at (support@lunachristianacademy.com). Cancellation requests received at least 28 days before the start of camp will receive a refund minus an administration fee of \$50. Cancellation requests received with less than 28 days notice are subject to an administration fee of 50% of the total fee. Cancellation requests that are received after 12 p.m. on the Friday one week before the program session starts will not qualify for a refund. A doctor's note is required for cancellations due to medical reasons.

I have read and understand the Cancellation and Refund Statement. Signature: _____

PAYMENT METHOD

Total Fees Due \$50 Registration plus \$100 weekly.

PAYMENT:

Check/Money Order - Please make check payable to Luna Christian Academy

Other Forms of Payment accepted.- Zelle, PayPal, Credit Card (add 'l fees may apply for Credit card use)

PHOTO AND VIDEO CONSENT, ASSIGNMENT AND RELEASE FORM

PURPOSES: For marketing, advertising, promotional and/or communication purposes, LCA may, from time to time, take photographs and/or video recordings of LCA based activities or events that include real people, which may be used by LCA for its own informational, promotional, or advertising purposes. If you prefer to opt out, please check below.

Opt out: photography _____

Opt out: videography _____

By signing my name, I (and my legal guardian, where applicable) acknowledge that I (or we) have carefully read and understand this Form.

Date: _____

Print Name of Participant: _____ Telephone No.: _____

Print Name of Parent or Guardian _____

Signature of Parent or Guardian _____