



2024 STEPPING UP

Summer School for students entering 1st-6th Grades

Registration Deadlines

Daily Instruction in reading, writing, and math!

To participate in this program, all financial obligations to PCS must be current. This includes indebtedness for 2023-2024 and tuition for 2024-2025.

Returning PCS Students:

- Register by March 10: Your tuition account will be billed in 2 installments on 4/1 and 5/1.
- Register by April 1; Half tuition is due now through FACTS. Your account will be billed for the remaining balance in May.
- Registrations received after April 15; Full tuition plus \$50 processing fee due now through FACTS.

Non-Returning PCS Students:

- Register by March 10: Account will be billed in 2 equally installments on FACTS on 4/1 and 5/1.
- Register by April 1: Half tuition billed and payable immediately through your FACTS account; account will be billed for remaining tuition installment on 5/1.
- Register after April 15: Full tuition plus an additional \$50 processing fee due in full, billed and payable through your FACTS account.
- Register after May 31: Full tuition plus an additional \$50 fee must be paid via check or money order.

External Students:

- Register by April 15: Full tuition due in full by check or money order.
- Register after April 15: Full tuition plus an additional \$50 processing fee due in full by check or money order.

Week 1: June 10-14
 Week 2: June 17-21
 Week 3: June 24-28

Date & Fees

\$250 for 4 days per week: M/T/TH/F

Hours: 9 AM-12 PM

For extended care before 8:45 am or after 12 pm, please complete and return BYH's Fun In the Sun Camp Registration form.



Pasadena Christian School

2024 Stepping Up Registration Form

Student Name: _____ Grade (2024 – 2025) _____

Parent/Guardian Name _____ Email _____

Address _____

Phone: Home _____ Work _____ Cell _____

PLEASE SUBMIT REGISTRATION FORM AND SUMMER SCHOOL FEE BEFORE APRIL 15th. Please check weeks your student will attend.

Summer School Fees:

\$250 for 4-day week (M, T & TH, F)

Week 1: 6/10-6/14 **\$250**

Week 2: 6/17-6/21 **\$250**

Week 3: 6/24-6/28 **\$250**

\$50/per child processing fee for registration received after April 15th

Additional costs:

After 4/15 - Late Registration Fee + 50.00

Total: \$ _____

Parent/Guardian Signature _____ Date _____

Child's Name: _____

Grand Total \$ _____

PLEASE SELECT A PAYMENT OPTION:

Returning PCS Students with current PCS FACTS Tuition Account

By March 11, 2024:

- TWO INSTALLMENTS: Account will be billed in 2 equal installments on 4/1 and 5/1

Returning & Newly enrolled PCS Students with 2024-2025 PCS FACTS Tuition Account

By April 1, 2024

- Half billed to account now and due upon receipt; half billed to account in May

After April 15, 2024

- Full payment + \$50 processing fee billed to account now and due upon receipt

Non-Returning PCS Students with an existing 2023-2024 PCS FACTS Tuition Account

By March 11, 2024

- Account will be billed in 2 equal installments on 4/1 and 5/1

By April 1, 2024

- Half billed to account and due upon receipt; half billed to account on 5/1

After April 15, 2024

- Full payment + \$50 processing fee billed and due upon receipt

After May 31, 2024

- Full payment + \$50 processing fee must be paid via check or money order

External Students (Non-enrolling/No PCS FACTS Tuition Account)

- Payment due in full **by check or money order (+\$50 processing fee after April 15, 2024).**

ACKNOWLEDGMENT OF TERMS & CONDITIONS

I have read and agree to the terms and conditions of enrollment in the summer program at Pasadena Christian School as contained in this agreement. I understand that there will be no refunds offered after April 15, 2024.

Signature of Primary Payor

Date



2024 Pasadena Christian Summer Program Emergency/Disaster/Photo Release Form

This Emergency Form goes with paramedics in case of an emergency and assists staff when providing medical assistance.

Grade (2024 – 2025) _____

Student's Name _____ Birth Date ____/____/____
(last) (first)

Address _____

Home Phone _____ Email address _____

ALLERGIES/MEDICAL INFORMATION

Physician _____ Physician Phone _____ Blood Type _____

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Bee Allergy | <input type="checkbox"/> Dairy Products | <input type="checkbox"/> Uses Epipen |
| <input type="checkbox"/> Uses nebulizer | <input type="checkbox"/> Peanut Allergy | <input type="checkbox"/> Fish/Shellfish | <input type="checkbox"/> Contacts/glasses |
| <input type="checkbox"/> Uses inhaler | <input type="checkbox"/> Other Nuts | <input type="checkbox"/> Wheat Products | |

Other Conditions or Allergies: _____

Daily Medications: (This is very important in the event that emergency medical services are required.)

Please give us as much detailed information you believe we need to know about your child's health.

Father _____

Mother _____

Cell Phone _____

Cell Phone _____

Work Phone _____

Work Phone _____

Email _____

Email _____

PICK-UP/EMERGENCY CONTACTS

- List the names of TWO alternates to whom your child may be released if the school is unable to contact the parents. They should be locally available and able to transport the child.
- In case of accident, illness, earthquake or other disaster, I authorize Pasadena Christian School to release my child to the following adults if the school is unable to contact me.
- I understand that the school may be unable to contact me to tell me that my child has been released to one of the persons listed below.
- I agree to notify these people as to their responsibility to act in this capacity.

I release Pasadena Christian School and its agents and employees from all liability which may attend, release or non-release of my child in accordance with this authorization.

Please list in order of preference:

Name _____ Relationship _____

Home _____ Work _____ Cell _____

Name _____ Relationship _____

Home _____ Work _____ Cell _____

Student will only be released to alternates you have listed. If a change of alternate is desired, please notify the office in writing.

PHOTO CONSENT: Pasadena Christian School (PCS) may use photographs of students in various publications or on our website. PCS reserves the right to copyright all group photographs in which your child(ren) may appear. PLEASE INITIAL: I GIVE MY CONSENT _____ I DO NOT GIVE MY CONSENT _____

INFORMED CONSENT AND EMERGENCY TREATMENT AUTHORIZATION

I/We give permission for my/our child to participate in the 2024 Summer Programs at Pasadena Christian School.

In addition to giving my full consent for my child's participation, I do hereby waive, release and hold harmless Pasadena Christian School, its officers, coaches, sponsors, supervisors and representatives for any injury that may be suffered by my child in the normal course of participation in the camp and the activities incidental thereto, whether the result of negligence or any other cause.

If parent or family doctor cannot be contacted and an emergency exists, the undersigned parent or guardian authorizes a representative of the PASADENA CHRISTIAN SCHOOL to consent to any x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care deemed advisable and rendered by any licensed physician or surgeon, whether in his office or in a licensed hospital. This authorization is given in advance of any required care to empower a representative or official of the school to give consent for such treatment as the physician may deem advisable. **Signature of both parents needed.**

_____ Date _____ Emergency Phone _____
Signature of (mother) or (female guardian)

_____ Date _____ Emergency Phone _____
Signature of (father) or (male guardian)



PASADENA CHRISTIAN SCHOOL SUMMER CAMP ADMINISTRATION OF MEDICATION FORM Summer 2024

Name of Student _____ Birth date _____

TO THE PARENT OR GUARDIAN: To protect all children and to conform with State Education Code (49423), no child may bring any medication (prescription or non prescription) to school. If your child needs medication for a few days or over an extended period of time and it must be given during camp hours, you must have your physician complete this form. Medication, whether prescription or non prescription, **must accompany** this form and be delivered by a parent or guardian to PCS in the original labeled container. Please note that this applies to non prescription drugs as well. **Our staff will NOT dispense over-the-counter pain medication (i.e. Tylenol or Advil), cough drops, etc., unless we are instructed by your physician in writing and this form is signed by BOTH the physician and the parent.**

TO THE PHYSICIAN: Please complete and sign this form:

- 1) If medication prescribed for a school-aged child must be given to prevent serious physical or behavioral problems; or
- 2) If over-the-counter medicines such as Tylenol, Advil, cough drops, etc. are requested by parents to administer to their child during camp hours, it is a request and guide to authorized camp personnel to assist the child with the medication.
- 3) Please mark in the circles listed if the named child requires these items. Camp personnel will administer based on prescription or package instructions and student's age/weight (quantity / frequency).

<input type="checkbox"/> Antacids / Stomach Medication (Alka Seltzer/Pepto Bismol/Tums)	<input type="checkbox"/> Lip Products (chap stick, cold sore medication)
<input type="checkbox"/> Antibiotic ointment	<input type="checkbox"/> Advil/Motrin (or generic)
<input type="checkbox"/> Benadryl	<input type="checkbox"/> Tylenol (or generic)
<input type="checkbox"/> Bug Repellant	<input type="checkbox"/> Dayquil
<input type="checkbox"/> Cortisone/Itch Cream	<input type="checkbox"/> Petroleum jelly
<input type="checkbox"/> Cough Syrup/Cough Drops	<input type="checkbox"/> Sunscreen
<input type="checkbox"/> Eye drops	<input type="checkbox"/> Allegra/Claritin (or generic)

Prescription medications:

<u>Name of Medication</u>	<u>Form</u>	<u>Purpose</u>	<u>Amt to be taken</u>	<u>Time of day</u>

This patient may carry their inhaler on them during the camp day. YES NO

Any special instruction, precautions or possible side effects:

How long will this medication be necessary?

Signature of Physician _____ Date: _____

Print Name of Physician _____ Phone: _____

TO THE PARENT OR GUARDIAN: PLEASE SIGN THE FOLLOWING STATEMENT:

I request that PCS staff assist my child in taking the prescribed medication as directed above and in accordance with camp policy.

Signature of parent or guardian: _____ Date _____