



Summer Quest For Knowledge

New Life Christian Academy

2012 Summer Quest for Knowledge

Day Camp

Information Sheet

Enroll your child now for a fun-filled summer at Summer Quest for Knowledge Day Camp, sponsored by New Life Christian Academy. Each week will be packed with fun filled educational and recreational activities. Fun outings and field trips will also be scheduled throughout the program.

WHO: Completed Kindergarten through completed 6th Grade

DATES: June 11 – August 17 (Monday-Friday)

TIME: 7:30 a.m. – 5:30 p.m.

Campers need to be present by 9:00 a.m. each day.

COST: Includes materials and snacks (Extra cost for field trips)

\$50 registration (Non-refundable)

\$150/week

\$40/day for part-time (2 days or less); more than 2 days weekly rate is charged

\$1/minute late pick-up charge

WHAT TO BRING: Mat or towel for Quiet time.

QUESTIONS: Contact New Life Christian Academy (919) 544-5652.

- Weekly fees are due the Friday preceding the upcoming week your child attends.
- Part-time fees are due first attended day of week.

Daily Schedule

7:30-8:30 a.m. - Arrival Activities	10:30 a.m. - Recreational Activities
8:30 a.m. - Morning Snack (Provided)	11:30 a.m. - Lunch
9:00 a.m. - Quest for Knowledge: 3 rd - 5 th	12:30 p.m. - Quiet Time
Wk 1-2 *Computational Science	1:00 p.m. - Fun Time
Wk 3-4 *Engineers in Training	(Field trips/Recreation)
Wk 5-6 *Graphics	2:30 p.m. - Afternoon Snack
Wk 7-8 *Forensic Science	(Provided)
Wk 9-10 *Math Explorations	4:00 p.m. - Departure Activities

Note: Quest for knowledge will be held two days a week, Character classes once a week. K5-2nd students computer classes consist of the following: Keyboarding, Phonics, Addition, Subtraction, Language Arts, Money, Science, Shapes, and Time. Above schedule is tentative and subject to changes.

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Registration Form

Name of Camper: _____ Date of Birth: _____ Age: _____

School: _____ Completed Grade: _____

Parent's Name(s): _____

Address: (Include City, Zip Code) _____

Phone Numbers: Dad (H): _____ (W) _____ (C) _____

Mom (H): _____ (W) _____ (C) _____

Email Address: _____

Emergency Contact: _____

Physician's Name _____ Phone _____

Health Insurance Company: _____

Policy Number: _____ Phone _____

Allergies: _____

Please check the appropriate week(s) your child will attend camp.

- | | |
|---|---|
| <input type="checkbox"/> June 11-15 | <input type="checkbox"/> July 16-20 |
| <input type="checkbox"/> June 18-22 | <input type="checkbox"/> July 23-27 |
| <input type="checkbox"/> June 25-June 29 | <input type="checkbox"/> July 30-August 3 |
| <input type="checkbox"/> July 2-6 (Closed July 4 – Holiday) | <input type="checkbox"/> August 6-10 |
| <input type="checkbox"/> July 9-13 | <input type="checkbox"/> Aug 13-17 |

We are financially responsible for the weeks we reserve and will pay on Monday of each week or the first day attended. If our child needs medical services, staff members of New Life Christian Academy have our consent to take our child to a properly licensed practicing physician or to call EMS. We release New Life Christian Academy and its staff from any and all liability in such situations.

Enclosed is our Registration Fee of \$_____ (\$50 per child, non-refundable).

Please make check payable to **New Life Christian Academy** and bring or send to:
7415 Fayetteville Street, Durham, NC 27713

Parent's Signature _____ Date: _____

Parent's Signature _____ Date: _____