



Dear Parent and Student,

We are excited about your interest in our Summer Camp at Skyline Christian Academy. Attached is camp costs and fees, along with required paperwork for admission. We look forward to meeting with you.

Once you have completed the attached paperwork, please give us a call at the school office to schedule a time to drop it off and answer any questions you may have.

Summer Camp kicks off on Monday, June 1, 2026, running from 8:00 AM to 5:00 PM, Monday through Friday. Enrollment is open to children ages 4 to 12. We have a variety of exciting activities planned, including themed weeks, water days, games, and much more!

We look forward to a great summer, and the opportunity to meet you soon!

Felicia Giovinazzo
Summer Care Director

Finally, my brethren, be strong in the Lord and in the power of His might. Eph. 6:10

Skyline Summer Camp

Application Form

First Name _____ M. I. _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Birth Date ____/____/____ Social Security # _____ Grade Entering: _____

A Birth Certificate and Immunization Record are required upon enrollment.

Medical conditions and/or allergies. List Current Medications and allergic reaction

Church _____ Pastor _____

Is Father a Christian? _____ Mother? _____ Child? _____

Father's First Name: _____ Last Name _____

Cell Phone _____ Email _____

Employer _____ Work Phone _____

Mother's First Name _____ Last Name _____

Cell Phone _____ Email _____

Employer _____ Work Phone _____

How did you hear about Summer Camp?

Emergency Contact	Name	Relationship	Daytime Phone
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Parent/Guardian Signature _____ Date _____

Skyline Summer Camp

Pick - up Form

Child's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone _____

Only the people listed below may pick up the child listed above, unless written permission is given to SCA Summer Camp by the student's legal guardian and

Approved by Mother Father

Name	Phone Number	Relationship to the child

Parent/Guardian Signature: _____ **Date:** _____

Skyline Summer Camp

Media and Promotional Release

I hereby consent to be photographed, recorded, interviewed, videotaped or filmed by representatives of The Church at Skyline and Skyline Christian Academy for purposes of publication, display or broadcast (print, web, digital display and all other forms of media, including social media).

I hereby release The Church at Skyline, Skyline Christian Academy, its affiliates, employees, representatives and agents from any and all claims, demands, costs and liability that may arise from the use of these interviews, recordings, photographs, videotapes or films, and/or any reproductions of same in any form, as described above, arising out of being photographed, recorded, interviewed, videotaped or filmed.

I acknowledge that I have read this consent form in its entirety, or it has been read (or translated) to me, and I have had the opportunity to ask questions about it and understand it.

Date: _____

Student Name (print):

Student signature:

*Parent or Legal Guardian name (print):

*Parent or Legal Guardian signature:

*Parent or Legal Guardian name signature required for individuals under age 18