# North County Christian School
## *Crusader Summer Learning Academy*



## 3 yrs. old through 8th Grade
## 8:00am - 2:45pm
(Extended Care hours available)

**Registration Form/$80 Registration Fee** due at time of registration.** **Non-Refundable
**Weekly Rate: $167 (Breakfast & Lunch Included )**
**(*Weeks of 4th of July & Juneteenth - prorated $133.60 - Closed on 6/19 & 7/3)**

- Payment must be received by **3:00 PM on the Wednesday** before the week your student is scheduled to attend. **No exceptions**.
- No refunds or credits will be given for days missed for non-attendance, vacation or illness.
- No transfer of weekly payments from one week to another. **No exceptions**.
- Weeks attending must be checked to be guaranteed participation in scheduled field trips.

Place an **X** next to the weeks in which your child will be attending. Breakfast is served 7:30am - 8:00am. Extended hours are available from 6:30am - 7:30am for an additional $3 per day and from 3:00pm - 6:00pm for an additional $10 per day. Extended Care fees will be billed the following week and due that Wednesday by 3:00pm. Advanced pay for extended care days will also be accepted.

**Student's Name _____ Grade 2026-2027_____**

**Male_____ Female_____**

**Week(s) Attending:**

| | | | |
|---|---|---|---|
| **1)____ June 8-12** | **payment due June 3** | **5)____ July 6-10** | **payment due July 1** |
| **2)____ *June 15-18** | **payment due June 10** | **6)____ July 13-17** | **payment due July 8** |
| **3)____ June 22-26** | **payment due June 17** | **7)____ July 20-24** | **payment due July 15** |
| **4)____ *June 29 - July 2** | **payment due June 24** | **8)____ July 27-31** | **payment due July 22** |

**Please make payments to NCCS at the Administration Office or by mail:**
**845 Dunn Road, Florissant, MO 63031 Summer office hours: 8:00 a.m. - 3:00 p.m.**
**Online payments can be made through our website—www.nccsedu.org. From the Menu on the home page, click on "Payments" then "Incidental Payments" and "Continue as a Guest."**

**For Office Use Only:**
**Date registration form & $80 fee received_____**
**Time registration form received_____**
**Parent Copy_____ Office Copy_____ Director Copy_____**

# 2026 Summer Learning Academy Application: 3 yrs-8th Grade

**Student Information:** **(Entering 2026-2027 school year) Circle one:** PK3 PK4 K5

Student's Name _____ 1st 2nd 3rd 4th 5th 6th 7th 8th

Address _____ Birth Date _____ Male ___ Female ___

_____ (____) _____

City State Zip Telephone

**T-shirt size (circle) YOUTH Small Medium Large ADULT Small Medium Large XL XXL**

**Parent Information:**

**Father's Name** _____ Telephone (_____) _____

Email _____ Cell #(_____) _____

Address _____

Street City State Zip

**Mother's Name** _____ Telephone (_____) _____

Email _____ Cell #(_____) _____

Address _____

Street City State Zip

**Emergency Contact and Authorized Pick-up Information**

Name _____ Relationship _____ Phone (_____) _____

Name _____ Relationship _____ Phone (_____) _____

*Individuals picking up children will need to provide a picture ID.*

**Student's Medical Information**

Allergies: _____ Medications: _____

Allergies: _____ Medications: _____

Routine Medication: _____ How Often? _____

Rescue Medication: _____ Rescue Inhaler _____ EpiPen

Name of Doctor/Telephone _____ (_____) _____

Insurance Company: _____ I.D. # _____

_____ I give North County Christian School permission to take my child to the nearest hospital for emergency Initial treatment, if I cannot be reached in the case of an emergency.

___Yes ___No I give permission for my child to participate in off campus field trips. All NCCS staff in charge of activities will exercise care to prevent accidents. It is understood that in giving permission, claims against North County Christian School are waived.

___Yes ___No I give permission for my child's photograph to be used for promotional school purposes, including but not limited to print, social media or other media advertising.

Signature of Father / Guardian _____ Date _____

Signature of Mother / Guardian _____ Date _____