

# AMAZING SUMMER ADVENTURE

## RAINIER CHRISTIAN SCHOOLS

### 2019

Rainier Christian School Campus:  Kent View  Maple Valley

Student Name: \_\_\_\_\_ Grade In Fall: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Registration Fee: \$100 PAID:  Cash  Check # \_\_\_\_\_  Credit Card

Camp Weekly Fee: \$220 Partial Week: \$55/day, \$80/day with extended care

Extended Care: \$40 AM or PM only, \$60 AM and PM

Camp T-Shirt Size: YOUTH:  Small (6-8)  Medium (10-12)  Large (14-16)

CHOOSE YOUR WEEKS			CHOOSE YOUR CARE	
WEEK	THEME	ADVENTURE	EXTENDED CARE	TOTAL DUE
1. <input type="checkbox"/> June 17-21	Passport to Fun <input type="checkbox"/> Partial Week (Circle Days)	Museum of Flight M T W TH F	<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Both	\$ _____
2. <input type="checkbox"/> June 24-28	Animal Planet <input type="checkbox"/> Partial Week (Circle Days)	Point Defiance Zoo M T W TH F	<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Both	\$ _____
3. July 1-5	CLOSED—NO CARE PROVIDED THIS WEEK			
4. <input type="checkbox"/> July 8-12	Secret Spy School <input type="checkbox"/> Partial Week (Circle Days)	Summer Movie Express M T W TH F	<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Both	\$ _____
5. <input type="checkbox"/> July 15-19	Inventors Workshop <input type="checkbox"/> Partial Week (Circle Days)	Pacific Science Center M T W TH F	<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Both	\$ _____
6. <input type="checkbox"/> July 22-26	Shipwrecked <input type="checkbox"/> Partial Week (Circle Days)	Ballard Locks M T W TH F	<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Both	\$ _____
7. <input type="checkbox"/> July 29-Aug 2	Construction <input type="checkbox"/> Partial Week (Circle Days)	Construction Facility M T W TH F	<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Both	\$ _____
8. <input type="checkbox"/> August 5-9	Need for Speed <input type="checkbox"/> Partial Week (Circle Days)	America's Car Museum M T W TH F	<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Both	\$ _____
9. <input type="checkbox"/> August 12-16	Artful Antics <input type="checkbox"/> Partial Week (Circle Days)	Art Workshop M T W TH F	<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Both	\$ _____
10. <input type="checkbox"/> August 19-23	Hawaiian <input type="checkbox"/> Partial Week (Circle Days)	Gene Coulon Memorial Beach Park M T W TH F	<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Both	\$ _____

### Summer Adventure Information

Accepting Students Entering Grades 1-5 for 2019/2020 school year.

Adventure Hours: 9:00am-4:00pm

Extended Care Hours: 7:00am-9:00am & 4:00pm-6:00pm

To secure our field trips, a minimum of 10 students must be enrolled or field trip will be cancelled.



### **Financial Agreement and Policy**

<b>Payment Options:</b> All families are required to sign up for a FACTS account.	<b>PAY IN FULL</b> With Registration	<b>MONTHLY</b>	<b>WEEKLY</b> One Week in Advance	<b>Form of Payment</b>
<b>RCS Family</b>	\$	Jun 15: \$ Jul 1: \$ Aug 1: \$	\$ ____ for __ weeks \$ ____ for __ days	Cash/Check <input type="checkbox"/> FACTS* <input type="checkbox"/>
<b>New Family</b> (RCS will notify family when FACTS account can be set-up)	\$	Jun 15: \$ Jul 1: \$ Aug 1: \$	\$ ____ for __ weeks \$ ____ for __ days	Cash/Check <input type="checkbox"/> FACTS* <input type="checkbox"/>

*\*Auto Pay function for Incidental Expenses must be set up in the FACTS account in order to pay by FACTS.*

The completed summer registration form and registration fee of \$100.00 must be submitted 48 business hours **prior to attendance**. All weekly fees must be **paid in full one week in advance**. There are **no refunds** for any Summer Adventure absences. Prepaid weekly fees are refundable with a 2-week advance written notice. All RCS school balances must be current prior to registering for the 2019 Summer Adventure program.

By signing this financial agreement, I acknowledge that I have read and understand the **“Financial Agreement and Policies”** of Rainier Christian Schools. I agree to abide by the policies and pay all fees accordingly.

\_\_\_\_\_  
Signature of Financially Responsible Person

\_\_\_\_\_  
Telephone Number

### **Late Pick-up Policy**

After 6:00 pm a late fee will be assessed for every 5-minute segments of time, per student.  
The fees are as follows:

**Paid at time of pick-up      \$15.00 per 5-minute segments**

### **Rainier Christian Schools Summer Adventure Field Trip Permission Slip**

I hereby authorize \_\_\_\_\_ to attend the field trips checked below:

- |  |                               |   |  |
|--|-------------------------------|---|--|
| <input type="checkbox"/> <b>Week 1</b> | <b>Museum of Flight</b>       | <input type="checkbox"/> <b>Week 7</b>  | <b>Construction Facility</b>           |
| <input type="checkbox"/> <b>Week 2</b> | <b>Point Defiance Zoo</b>     | <input type="checkbox"/> <b>Week 8</b>  | <b>America’s Car Museum</b>            |
| <input type="checkbox"/> <b>Week 4</b> | <b>Summer Movie Express</b>   | <input type="checkbox"/> <b>Week 9</b>  | <b>Art Workshop</b>                    |
| <input type="checkbox"/> <b>Week 5</b> | <b>Pacific Science Center</b> | <input type="checkbox"/> <b>Week 10</b> | <b>Gene Coulon Memorial Beach Park</b> |
| <input type="checkbox"/> <b>Week 6</b> | <b>Ballard Locks</b>          |   |  |

Summer Adventure T-shirts must be worn on field trips.

All field trips are subject to change. To secure our field trips,

**A MINIMUM OF 10 STUDENTS MUST BE ENROLLED OR FIELD TRIP WILL BE CANCELLED.**

Transportation and sponsorship is provided by Rainier Christian Schools.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date



**Kent View Elementary**

20 49th Street NE  
Auburn, WA 98002  
253-793-0933

**Maple Valley Elementary**

16700 174th Avenue SE  
Renton, WA 98058  
425-226-4640

**RCS Administrative Office**

P.O. Box 58249  
Renton, WA 98058  
425-255-7273



# RCS Summer Adventure

## Student Information Form



**Student's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Birth Date:** \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_

**Address: (if different than student's)** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**E-mail address:** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_

**Address: (if different than student's)** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**E-mail address:** \_\_\_\_\_

### **EMERGENCY contact: (In the event that parent's are NOT available):**

**Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

### **AUTHORIZATION for student Pick Up:**

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

### **Medical/Emergency Release:**

In the event of an emergency and all attempts to reach me have failed, and school authorities judge that immediate observation and/or treatment is necessary, I authorize and direct that my child receive such care as is necessary. Emergency treatment may require notification of an Emergency Aid Unit (9-1-1). Further treatment, based upon Medic evaluation and recommendation, may be given. I understand that I assume responsibility for any payment of services rendered if required.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Medical Insurance Provider:** \_\_\_\_\_

**Group/Member #** \_\_\_\_\_

**Family Physician:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**ALLERGIES:** \_\_\_\_\_