

SPECIAL CIRCUMSTANCES & NEEDS

The BCA KIDS SUMMER S.T.R.E.A.M. CAMP 2026 is committed to providing individualized care for every child. Please include as much information as possible. We strongly encourage you to meet with us and visit the program prior to enrolling your child.

Please share unique situations and needs including allergies, previous or serious illnesses and injuries, disabilities, hospitalizations in the past 12 months, as well as long-term/continuously used medication. In addition, please explain if there are certain circumstances that may cause your child difficulty. Be sure to let us know how we can best work with you and your child to help in these conditions. Likewise, please list any limitations or special provisions. Write N/A if there are no additional provisions needed.

Does your child require any other accommodations not listed above? ___yes or ___no (If yes, please specify below and contact the Camp Director)

CONSENT FOR ACTIVITIES

CHECK ALL THAT APPLY:

1. **TRANSPORTATION:** I hereby give do not give – consent for my child to be transported and supervised by the operation’s employees:
2. **FIELD TRIPS:** I hereby give do not give – my consent for my child to participate in Field Trips:
3. **WATER ACTIVITIES:** I hereby give do not give – my consent for my child to participate in Water Activities:
 sprinkler play splashing/wading pools swimming pools water table play
4. **PHOTOGRAPHY/VIDEO:** I hereby give do not give – my consent for my child to be photographed and/or videotaped in the program for future infomercials.
5. **RECEIPT OF WRITTEN OPERATIONAL POLICIES:**
 I acknowledge receipt of the facility’s operational policies including those for discipline and guidance.
6. **I UNDERSTAND THAT THE FOLLOWING MEALS WILL BE SERVED TO MY CHILD WHILE IN CARE:**
 Breakfast Lunch PM Snack

7. Parent’s Comments:

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:	
In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:	
Physician:	Emergency Medical Care Facility
Address:	Address:
Ph.#	Ph.#
I give consent for the facility to secure any and all necessary emergency medical care for my child:	
Signature of Parent or Legal Guardian: _____	

CHILD'S NAME: _____

AGE/GRADE: _____

B.C.A. SUMMER CAMP FIELD TRIPS

RELEASE OF LIABILITY

Please initial each area, and sign and date below...

_____ I agree to assume any and all liability and hold Brookhollow Christian Academy, its Trustees, and agents harmless from all claims or actions which I or my child ever had, now have, or may have in the future or any liability for injuries or damages which occur to my child or to me as a result of his or her participation in field trips. I expressly waive all claims for medical expenses, loss of service, or other claims which I may otherwise be entitled and I agree to indemnify and hold harmless Brookhollow Christian Academy, its Trustees, employees, and agents from all claims made against it on behalf of my child. I agree to indemnify and hold harmless Brookhollow Christian Academy, its Trustees, employees, and agents from all claims made by third parties against it or them which result from my child's actions on the trip. I understand that Brookhollow Christian Academy, its Trustees, employees, and agents are not waiving any sovereign or governmental immunity which it or they have under Texas Law.

_____ I have read and understand this release and sign it voluntarily and with full knowledge of its significance. I am aware that when my child is on a school-sponsored trip, he/she under the jurisdiction and supervision of the Brookhollow Christian Academy sponsors/chaperones and that behavior must conform to the BCA Academy Rules. I understand that my child will be subject to appropriate disciplinary action for violations of rules, including the inability to participate in additional trips without a parent chaperone.

Parent Signature

Date

CHILD'S NAME: _____ AGE/GRADE: _____

Please read the statement below and check each circle to indicate acknowledgement and agreement.

- I understand that as a participant in a state licensed childcare facility, my child's records may be reviewed and/or copied by representatives of the Texas Department of Protective and Regulatory Services.
- I consent to be added to an email list for notifications about upcoming BCA Camp programs and/or events.
- I understand that the BCA Camp staff and volunteers are not allowed at any time to babysit or transport children outside of the BCA Camp program.
- I understand that state law mandates the BCA Camp to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
- I understand that neither the BCA Camp nor any of its paid or volunteer workers can be held responsible in the event of accidents or accidental death. The BCA Camp strives to provide a safe and healthy environment for your child.
- I understand that weekly tuition fees are non-refundable. To avoid late fees, sessions must be paid in FULL by the Friday prior to the start of each week/session. No refunds or credits will be issued to anyone withdrawing once the first day of the week/session has begun. Cancellations/program withdrawals must be made in writing the Monday prior to the first day of that week/session - a minimum of one week in advance.
- I have received a copy of policies in the Parent Handbook which includes the BCA Camp operational and parent policies and I agree to follow them.
- I understand that my child's shot records must be turned in with this paperwork.
- I understand that my child will not be fully enrolled in BCA Camp until I have submitted his or her registration form, shot record and payment or schedule of payments.
- No Cellphones, iPads, iPods, Tablets, Head Phones, Ear Phones, Game Systems allowed.

Signature: _____ Date: _____

CHILD'S NAME: _____

AGE/GRADE: _____

DISCIPLINE & GUIDANCE POLICY TO BE USED BY B.C.A. PARENTS AND STAFF

Discipline must be:

- Individualized and consistent for each child.
- Appropriate to the child's level of understanding.
- Directed towards teaching the child acceptable behavior and self-control.

A caregiver may only use positive methods of discipline and guidance that encourage self-esteem, self-control, and self-direction, which include at least the following:

- Using praise and encouragement of good behavior instead of focusing only upon unacceptable behavior.
- Reminding a child of behavior expectations daily by using clear, positive statements.
- Redirecting behavior using positive statements.
- Using brief, supervised separation or time out from the group when appropriate for the child's age and development. This is limited to no more than one minute per year of the child's age.

There must be no harsh, cruel, or unusual treatment of any child. The following types of discipline and guidance are prohibited:

- Corporal punishment or threats of corporal punishment.
- Punishment associated with food, naps, or toilet training.
- Pinching, shaking, or biting a child.
- Hitting a child with a hand or instrument.
- Putting anything in or on a child's mouth.
- Humiliating, ridiculing, rejecting, or yelling at a child.
- Subjecting a child to harsh, abusive, or profane language.
- Placing a child in a locked or dark room, bathroom, or closet with the door closed.
- Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

Texas Administrative Code, Title 40, Chapters 746 and 747, Subchapters L, Discipline and Guidance

My signature verifies I have read and received a copy of this discipline and guidance policy.

Signature

Date

CHILD'S NAME: _____

AGE/GRADE: _____

CONDUCT POLICIES

Children are entitled to a pleasant and safe environment while participating in the BCA KIDS SUMMER S.T.R.E.A.M. CAMP program. Inappropriate behavior by a few campers can have a dramatic impact on the experience of the entire group. The following conduct policies apply to each camper and will be used to determine the campers' eligibility to continue as a participant in the program.

Please make certain that both you and your child are completely familiar with these policies.

A camper may be suspended or released from the BCA KIDS SUMMER S.T.R.E.A.M. CAMP for the week without refund for the following behaviors while participating in the program or while being transported:

- Leaving the camp site without permission, or going into unauthorized areas
- Using foul language, fighting, being rude or discourteous to staff and other campers
- Engaging in fighting, intentionally injuring another camper or bullying
- Bringing or using any illegal substances and /or weapons
- Public displays of affection
- Stealing or defacing another camper's property
- Refusing to remain with the group while at camp and during camp field trips
- Refusing to participate in daily camp activities
- Not remaining seated at all times while being transported
- Having any body parts out of the window, defacing the vehicle, and being rude or discourteous to the driver or to the other drivers on the road while being transported
- Not obeying reasonable requests from caregivers, counselors, instructors, assistant director and director.
- **No Cellphones, iPads, iPods, Tablets, Head Phones, Ear Phones, Game Systems – If a student is found to be utilizing an electronic device, it will be confiscated and turned in to the director. The BCA Staff will not be held responsible for any cellphones or electronic devices which are lost or stolen.**

If camper is at an away activity such as a field trip and his or her behavior warrants sending them home, it will be at the parent's expense.

The following disciplinary procedures will be followed in regards to camper conduct:

1. Daily Behavioral Reports
2. Parent notified by phone and/or in writing
3. Disciplinary write-up
4. The action taken is at the discretion of the Program Director after appropriate consultation with the parent (range of discipline: one-day suspension to removal from the program).

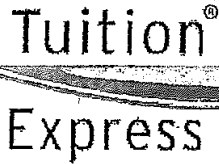
I have read and agree to comply with these policies. The BCA KIDS STREAM CAMP staff members reserve the right to suspend or terminate any child's participation in the program based on the severity of an incident, even if it is the child's first infraction.

Parent Signature

Date

Camper Signature

Date



Automated Payment Processing
Safe - Convenient - Easy

We are excited to offer the safety, convenience and ease of Tuition Express®—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR **BANK ACCOUNT** and **CREDIT CARD**

I (we) hereby authorize (business name) Brookhollow Christian Academy to initiate credit card charges to the below-referenced credit card account (Section A) OR, initiate debit entries to my (our) checking or savings account, indicated below (Section B). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

Student #1: _____
Student #2: _____
Student #3: _____

COMPLETE ONE SECTION ONLY

SECTION A (Credit Card)

Cardholder Name _____ Phone # _____
Cardholder Address _____ City _____ State _____ Zip _____
Account Number _____ Expiration Date _____ CVV# _____
Cardholder Signature _____ Date _____

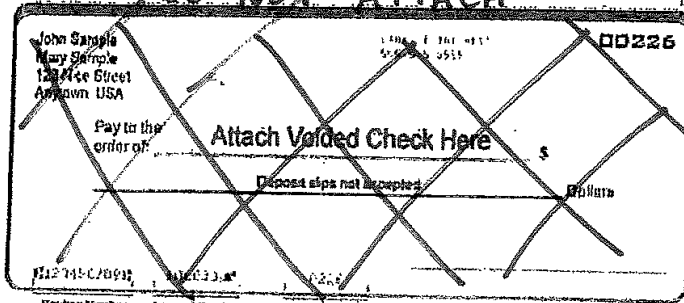
SECTION B (Bank Account)

Your Name _____ Phone # _____
Address _____ City _____ State _____ Zip _____
Bank or Credit Union Name _____ Bank or Credit Union Address _____ City _____ State _____ Zip _____
Routing Transit Number (see sample below) _____ Account Number (see sample below) _____ Checking Savings

Authorized Signature _____ Date _____

For Official Use Only

Date Received _____
Employee Signature _____



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