



# KID STARS RISING

## CHRISTIAN LEARNING ACADEMY

*\*Where Christian character is made and lifelong learning is inspired.\**

2122 Hope Mills Road  
Fayetteville, NC 28304

**Dr. Sharonne Simmons, Principal**

**Mr. David Simmons, Associate Principal**

Dear Kid Stars Rising KSR Family,

Thank you for your interest in our summer programs offered here at Kid Stars Rising Christian Learning Academy! We are delighted to have your child(ren) participate in our exciting and adventure-filled activities this summer. Please complete this application in its entirety and return it to Dr. Simmons.

Please check below which session(s) you are interested in for your child:

End - of - Year Enrichment (Held May 29 - June 2 from 8:00 a.m. – 6:00 p.m.)

**Cost \$150 (NC Common Core ELA & Math Standards reinforced)**

Bible Camp I and Summer Tutoring (Held June 12 - June 30 from 8:00 a.m. – 6:00 p.m.)

**Cost \$300 (NC Common Core ELA & Math Standards reinforced)**

Bible Camp II and Summer Tutoring (Held July 5 - July 31 from 8:00 – 6:00 p.m.)

**Cost \$450 (NC Common Core ELA & Math Standards reinforced)**

Bible Camp III and Summer Tutoring (Held August 1 – August 11 from 8:00 – 6:00 p.m.)

**Cost \$300 (NC Common Core ELA & Math Standards reinforced)**

**\*Costs will be prorated based on camp/tutoring hours and if multiple children participate.\* Please speak with Dr. Simmons or call 910-779-8085 and she will individualize based on needs.**



# Summer Programs Application

## Parent Information

Parent or Guardian's Name(s): \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

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

Street Name \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact Phone Number(s): \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contacts and Phone Numbers:

\_\_\_\_\_  
 \_\_\_\_\_

## Student Information

Child's Name: \_\_\_\_\_

Gender:  Male  Female

Current Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School Grade entering in this fall: \_\_\_\_\_

**Allergies or Medical Needs: Please check all that apply.**

My child is allergic to: \_\_\_\_\_

My child takes medicine. If so, please list type of medicine and dosage below:  
 \_\_\_\_\_

My child has been diagnosed with a medical condition. Please name: \_\_\_\_\_

My child has a special diet. Please list what child cannot have in his/her lunch or snack diet.  
 \_\_\_\_\_

Doctor's name and # \_\_\_\_\_

\*During the Bible Summer Camp, we plan to take the children on several field trips throughout the course of the camp. We will provide parents with a field trip form as we approach the dates. Do you give Kid Stars Rising the right to transport your child to and from these field trips and hold us harmless from situations or mishaps that are beyond our control?

I give permission for the Academy to transport my child.  No, I will transport my child.