



**BC Christian Academy
Presents**

THE GREAT SUMMER ADVENTURE

COURSES:

**KOREAN - JAPANESE - CHINESE - SPANISH - COOKING &
BAKING - 3D PRINTING - ARTS & CRAFTS - COMPUTER
SKILLS - CREATIVE WRITING - MUSIC - DRAMA**

AGES: 8-12

START DATES: JULY 12, JULY 26 AND AUG 9

FEES:

REGISTRATION FEE: \$50

FIRST COURSE: \$100 SECOND COURSE OR MORE: \$50 EACH

FOR INFORMATION/REGISTRATION PLEASE CONTACT:

**BCCA
3000 CHRISTMAS WAY, COQUITLAM, BC V3C 2M2
TEL: 778-819-8534
EMAIL: LFUNES@BCCASCHOOL.CA**





BC CHRISTIAN ACADEMY

CHRIST | COMPASSION | COMMUNITY

APPLICATION FORM

Each Course Duration: 2 weeks Start dates: July 12, Jul 26 and Aug 9

FEES:

Registration fee: \$50

First Course: \$100

Second Course or more: \$50 each

Please select (☑) the start date and course(s):

COURSES	12-Jul	19-Jul	Select course (s)	26-Jul	02-Aug	Select course (s)	09-Aug	16-Aug	Select course (s)
AM	Japanese L1	Japanese L1		Cooking/Baking	Jewelry		Music L1	Music L1	
9AM - 12PM	Spanish L1	Spanish L1		3D Printing	3D Printing		Creative Writing	Creative Writing	
	Korean L1	Korean L1		Arts & Crafts 1	Arts & Craft 2		3D Printing	3D Printing	
	Chinese L1	Chinese L1		Creative Writing	Creative Writing		Computer Skills	Computer Skills	
12-1PM	BREAK								
PM 1PM - 4PM	Cooking/Baking	Jewelry		Japanese L1	Japanese L1		Arts & Crafts 1	Arts & Craft 2	
	3D Printing	3D Printing		Spanish L1	Spanish L1		Cooking/Baking	Jewelry	
	Arts & Crafts 1	Arts & Craft 2		Korean L1	Korean L1		Music L2	Music L2	
	Computer Skills	Computer Skills		Chinese L1	Chinese L1		Drama	Drama	

**We reserve the right to cancel or offer other course if the minimum number of students per group is not achieved.*

Student Information

Family Name:			
Given Name:			
Address:			
City:	Postal Code:		
Age		DOB	
MSP:		Conditions/allergies/medications:	

Parent/Guardian Information

I hereby certify that the above information is true and complete. I agree to save and hold harmless, BCCA, its agents, employees and assigns for any loss, damage or injury which may occur to me or my property and hereby permanently waive all claims for loss, damage or injury resulting or arising from my participation in the Summer Program.

Parent's/Guardian's Name			
Parent's/Guardian's Signature			
Parent's/Guardian's Contact:	Phone:	Email:	
Address (if different from student):			
City:	Postal Code:		

Please submit application form to:

BCCA High School 3000 Christmas Way, Coquitlam, BC V3C 2M2 Tel: 778-819-8534 Email: lfunes@bccaschool.ca

All cheques to be made payable to BC Christian Academy or E-Transfer to accounting@bccaschool.ca