



FREEPORT CHRISTIAN ACADEMY

SUMMER CAMP 2016

"Children are a heritage of the Lord" Psalm 127:3

Enrollment Form - Summer Camp

Students Name												<i>Last</i>						<i>First</i>						<i>M.I.</i>	
Date of Birth			<i>M</i>		<i>D</i>		<i>Y</i>								<i>Male</i>		<i>Female</i>								
Home address			<i>Address</i>																						
			<i>City</i>						<i>State</i>						<i>Zip code</i>			<i>County</i>							
Mother/Guardian Name																									
Home Phone #															Cell Phone #										
Job #															Ext #										
e-mail																									
Father/Guardian Name:																									
Home phone #															Cell Phone #										
e-mail																									
Parent address if different than students			<i>Address</i>																						
			<i>City</i>						<i>State</i>						<i>Zip code</i>			<i>County</i>							
In case of emergency notify						Second Person in case of emergency notify																			
<i>Name</i>						<i>Name</i>																			
<i>Phone #</i>						<i>Phone #</i>																			
Physician's name															Phone #										

**if yes, please explain and attach copies of any reports.*

By registering my child it is my desire to have him complete the summer program. It is also my understanding that the summer's camp policy is not to reimburse me for any registration fees, I also give permission for my child to take part in all camp activities, including sports and camp trips away from the school premises, and absolve the this institution from liability to me or my child because of any injury at school or any school or camp activities. Freeport Christian Academy, admits students of any race, color, national or ethnic origin.

_____ (Initials) I give permission to the Freeport Christian Academy to take pictures or video recordings of my child/children during camp activities. I understand that pictures or videos may be displayed and can be used for future publicity, only.

Signature of parent/guardian

Date

I agree to the above and certify that all information provided in this document is accurate and up to date.



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Medical Information	
<i>Is your child allergic to any food or medication? If yes, please explain.</i>	
<i>Describe any operations or prolonged illnesses your child may have experienced. Please indicate date and diagnosis.</i>	
<i>Describe any disabilities your child may have.</i>	
<i>Describe any play restrictions your child may have.</i>	
<i>Date your child last visited the physician.</i>	

<i>I hereby authorize emergency medical treatment be given to my child</i>	
<i>In the event that I or the person designated cannot be reached.</i>	

Signature ***Parent's Name*** ***Date***



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Financial Commitment		
<i>Child's name</i>		
<i>Address</i>		
<i>Grade</i>		
<i>Registration fee</i>	\$	<i>(non-refundable)</i>
<i>Tuition</i>	\$	<i>per season</i>
<i>Other Fees</i>	\$	

Financial Policies

Student Summer Camp tuition must be paid before the Camp begins; Students will not be admitted to the camp if payments are not done or if there is any information incomplete. If for any reason your bank returns your check, there will be a **\$35 charge**. If the bank returns two checks, then we will no longer be obligated to accept checks. Your account will be due either by cash or money orders, only.

Signature *Parent's Name* *Date*



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Authorization for child pick up

The following persons are authorized to pick up my child. If I am not available please call:

<i>Name</i>	<i>Telephone</i>
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	

Regulations for pick up

In accordance with the licensing for the Freeport Christian Academy we are only authorized to have students within our facilities until 3:00 pm. After that hour, if we are unable to reach any contacts, your child will be dropped off at the Village of Freeport Police Station and a fee of \$25 will be charge to your account. It is a violation under the functioning conditioning of our licensing that any child remains in our facilities prior or after our regular hours (9:00 am.-3:00 pm). Please be advised that no person other than the one listed on the authorization form for child pick up will be allowed to pick up a child without your written consent.

Signature

Parent's Name

Date



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Notice to Parents			
Student's name		Grade	

It is necessary that your child have his hair cut properly before entering Summer Camp on _____ Please keep in mind that it is the school's policy for boys to maintain a proper hair cut which includes a neat trim on the sides and the back evenly tapered, without graphic designs, color, nor braids, or pony tails. We appreciate your total cooperation in observing our standards. At your service.

Principal

_____ *Signature* _____ *Parent's Name* _____ *Date*

Authorization to attend/leave school without Guardian Form	
Student's name	
Grade	

I authorized my son/daughter to walk to, and from school.

_____ *Signature* _____ *Parent's Name* _____ *Date*



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Registration Agreement

1. Please initial each section to indicate that you have read and understood the information. _____
2. The annual Registration (non-refundable) is required at the time of registration and it is part of the policy of the Academy. _____
3. If a parent or guardian removes a student from the Camp within a 15 day notice, the school has the option of pro-rating the tuition to return any monies due. A parent that does not notify the school within a 15 day notice that the child will not be returning, forfeits the tuition. The school reserves the right to cancel a registration if the situation merits it, and the portion of the tuition not used will be considered non-refundable. _____
4. I agree to the above and certify that all information provided in this document is accurate and up to date. By signing this document, I acknowledge I have read and I understand the information on this form. _____