|  |
| --- |
| **Enrollment Form - Summer Camp**  |
| **Students Name** | *Last* | *First* | *M.I.* |
| **Date of Birth** | *M* | *D* | *Y* |  | *Male* |  | *Female* |  |
| **Home address** | *Address* |
| *City* | *State* | *Zip code* | *County* |
| **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**  | *Address* |
| *City* | *State* | *Zip code* | *County* |
| **In case of emergency notify** | **Second Person in case of emergency notify** |
| *Name* | *Name* |
| ***Phone*** *#* |  | ***Phone*** *#* |  |
| **Physician’s name** |  | **Phone #** |  |

***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.***

|  |
| --- |
| **Medical Information** |
| ***Is your child allergic to any food or medication? If yes, please explain.*** |  |
|  |
| ***Describe any operations or prolonged illnesses your child may have experienced. Please indicate date and diagnosis.***  |  |
|  |
| ***Describe any disabilities your child may have.*** |  |
|  |
| ***Describe any play restrictions your child may have.*** |  |
|  |
| ***Date your child last visited the physician.*** |  |
| ***I hereby authorize emergency medical treatment be given to my child*** |  |
| ***In the event that I or the person designated cannot be reached.***  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| ***Signature*** |  | ***Parent’s Name*** |  | ***Date*** |

|  |
| --- |
| **Financial Commitment** |
| ***Child’s name*** |  |
| ***Grade*** |  |
| ***Registration fee*** | ***$*** | ***(non-refundable)*** |
| ***Tuition***  | ***$*** | ***(7 weeks)*** |
| ***T-shirt*** | ***$*** | ***(1)*** |
| ***Booklet*** | ***$*** | ***(1)*** |
| ***Total*** | ***$*** |  |

|  |
| --- |
| **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.*  *A late fee of* ***$15*** *will be charged on any school account showing an outstanding balance. \_\_\_\_\_\_\_ (initials)*  *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. \_\_\_\_\_\_\_ (initials)* |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| ***Signature*** |  | ***Parent’s Name*** |  | ***Date*** |
| **Authorization for child pick up** |
| ***The following persons are authorized to pick up my child. If I am not available please call:*** |
| ***Name*** | ***Telephone*** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

|  |
| --- |
| **Regulations for pick up** |
|  *Regulations for child pick up: Freeport Christian Academy and Summer Camp hours for students are from 9:00 a.m. to 3:00 p.m., before 9:00 a.m. and after 3:00 p.m.* ***$25*** *(per student) (non FAF participants) will be charge to your account. \_\_\_\_\_\_\_ (initials)**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. \_\_\_\_\_\_\_ (initials)*  |

 **Registration Agreement**

1. Please initial each section to indicate that you have read and understood the information. *\_\_\_\_\_\_\_ (initials)*
2. The annual Registration (non-refundable) is required at the time of registration and it is part of the policy of the Academy. *\_\_\_\_\_\_\_ (initials)*
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. *\_\_\_\_\_\_\_ (initials)*
4. I agree to the above and certify that all information provided in this document is accurate and up to date.
5. Our campers will receive 45 minutes of instruction 3 times a week in the areas of Math, Language Arts, and Reading.  **Curriculum used:  Spectrum Math, Lang Arts, Reading.** This comprehensive series provides focused practice on Math, Language Arts, and Reading mastery.
6. By signing this document, I acknowledge I have read and I understand the information on this form. *\_\_\_\_\_\_\_ (initials)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| ***Signature*** |  | ***Parent’s Name*** |  | ***Date*** |

|  |
| --- |
| **2019 Summer Camp** **Swimming Waiver & Permission Slip** |
| ***Child’s name*** |  |
| ***Grade Entering in September*** |  |
| ***Swimming****Pool visits will take place Tuesdays and Thursdays starting the week of July 2nd and ending the week of August 17th. Swimming will take place at the Freeport Recreation Center. Students are supervised by the on duty life guards on site as well as the FCA staff. FCA staff will be in the water with the children during swim time. We take safety seriously and students will be expected to follow the pool rules and FCA safety rules at all times, which will include no diving, running or horseplay.* *My child has permission to participate in the pool visits.* *I understand that FCA will take my child to a local public swimming pool. FCA does not employ the lifeguards, swimming pool operators, or swimming pool managers. FCA is not the owner or operator of the swimming facility. Consequently, I agree to waive all causes of action, claims, damages, demands, expense, liabilities that I and my family may have against FCA arising out of any swimming activity. The term “swimming activity refers to swimming in the pool, wading in the pool, playing in the pool, diving into the pool, jumping in the pool, as well as any activity occurring on the pool deck and on the pool’s property. \_\_\_\_\_\_\_ (initials)* |
|   |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| ***Signature*** |  | ***Parent’s Name*** |  | ***Date*** |

|  |
| --- |
| **Enrollment Check List** |
| **Documentation:*** **Enrollment Form**
* **Birth Certificate**
* **Most recent Physical (updated)**
* **Immunization Record**
* **Allergies Form**
* **Parent/Guardian Picture ID**

Documents **must** be presented at the time of registration or the registration will not be accepted **NO EXCEPTION** |