CONCORD BAPTIST CHURCH ANOINTED ACADEMY SUMMER CAMP

| Enrollment Application  |
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| Child’s Information |
|  SUMMER CAMP  |  BEFORE & AFTER CARE  |  T-Shirt Size  |
| Child’s name: | Nickname: |
| Date of birth: | Age: |  |
| Home address: | Home Phone: |
| City: | State: | ZIP Code: |
| School Name: | Email: |
| Child lives with: Both Parents Mother Only Father Only Other – If so, please specify: |
| List two (2) people, not living at your residence, who will be responsible for your child if you cannot be reached:Name: Phone: Relationship: \_Name: Phone: Relationship: \_ |
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| MOTHER’S information |
| Mother’s Name: | Cell Phone: |
| Address: |
| City: | State: | ZIP Code: |
| Current employer: |
| Employer address: | Work Phone: |
| FATHER’S Information |
| Name: | Cell Phone: |
| Address: |
| City: | State: | ZIP Code: |
| Current employer: |
| Employer address: | Work Phone: |
|  Child’s Medical information |
| Doctor’s name: |  |
| Address: | Phone: |
| City: | State: | ZIP Code: |
| Does your child require any health care or special (IEP) needs? Yes NoIf so, list any health care or special needs:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_List ANY allergies |
| Transport information |
| List anyone who will be dropping or picking your child off in the morning and afternoonName:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| List anyone who **does not** have permission to receive your child:Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **You, the parent, must notify us if anyone not on the list will be picking your child up. ANOINTED ACADEMY will not be able to release your child unless notified in person or via telephone. This will ensure the safety of your child.****I will notify Anointed Academy if any changes are needed to these arrangements.****Parent/Legal Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| Field Trips//PERMISSION FORMS/MEDICAL TREATMENT |
| I authorize Anointed Academy summer camp program to take my child on field trips. I authorize my child to ride as a passenger in the vehicle owned or leased by Concord Baptist Church. I will make a written statement of notification if I wish for my child *not to attend* a particular field trip. I understand all such trips are under the supervision of Anointed Academy and that health and safety precautions are taken in compliance.Parent/Legal Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| At Anointed Academy, the only first aid measures taken are for minor bumps, bruises, cuts, scratches, nosebleeds, and/or splinters. If further medical care is needed, Anointed Academy will notify me and/or the child’s other parent/guardian. If I or the child’s other parent/guardian cannot be reached, I authorize Anointed Academy to secure emergency medical care for my child. I, the parent, will be responsible for the emergency medical charges upon receipt of statement.Parent/Legal Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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