

CONCORD BAPTIST CHURCH ANOINTED ACADEMY SUMMER CAMP

Enrollment Application

School _____
Grade _____
Teacher _____

CHILD'S INFORMATION

<input type="checkbox"/> SUMMER CAMP	<input type="checkbox"/> BEFORE & AFTER CARE	<input type="checkbox"/> 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: <input type="checkbox"/> Both Paren <input type="checkbox"/> Mother O <input type="checkbox"/> Father <input type="checkbox"/> ly	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: _____

MOTHER'S INFORMATION

will you drop off child _____ will you pick up child _____	Cell Phone:
Mother's Name:	
Address:	
City:	State: ZIP Code:
Current employer:	
Employer address:	Work Phone:

FATHER'S INFORMATION

will you drop off child _____ will you pick up child _____	Cell Phone:
Name:	
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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If so, list any health care or special needs: _____	

List ANY allergies	

Enrollment Application

TRANSPORT INFORMATION

List anyone who will be dropping or picking your child off in the morning and afternoon

Name: _____ 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: _____