



Grace Christian Academy
77 C West Fairmont Ave.
Savannah, GA, 31406
Phone: 912-239-4876

Grace Christian Academy SUMMER CAMP APPLICATION

A non-refundable fee of \$75 must accompany this application.

Student Information Age _____ Student Grade _____ ½ Day Participation

First Name: _____ Last Name: _____ Middle Initial: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Male: Female:

Birth Date: ____ / ____ / ____ Social Security #: _____ County: _____

School previously attended: _____ Dates: _____

School Address: _____ Phone: _____

Family Information

Marital Status Married Divorced Single Other

Does child live with both parents? _____ If not, with whom _____

Father _____ Primary Guardian

Name: _____

Address: _____

City, State, Zip: _____

Occupation: _____

Employer: _____

Business Address: _____

Work Phone: _____

Cell Phone: _____

Email: _____

Mother _____ Primary Guardian

Name: _____

Address: _____

City, State, Zip: _____

Occupation: _____

Employer: _____

Business Address: _____

Work Phone: _____

Cell Phone: _____

Email: _____

Step- Father

Name: _____

Address: _____

City, State, Zip: _____

Occupation: _____

Employer: _____

Business Address: _____

Work Phone: _____

Cell Phone: _____

Email: _____

Step-Mother

Name: _____

Address: _____

City, State, Zip: _____

Occupation: _____

Employer: _____

Business Address: _____

Work Phone: _____

Cell Phone: _____

Email: _____

Emergency Information

Person(s) who can pick up my child or be contacted in case of an emergency other than parent.

Emergency Contact #1

First Name: _____ Last Name: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Email: _____ Relation to child: _____

Emergency Contact #2

First Name: _____ Last Name: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Email: _____ Relation to child: _____

Please list those people including in addition to parents/guardians who are permitted to pick up your child:

1. _____ 2. _____ 3. _____

Medical Release Information

Insurance Information

Policy Number: _____ Name of Health Insurance Provider: _____
Primary Physician: _____
Address: _____
Phone: _____ Hospital Preference: _____

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma ,Seizures)

<u>Medical Problem</u>	<u>Required Treatment</u>	<u>Should a paramedic be called?</u>
_____	_____	Yes/No
_____	_____	Yes/No
_____	_____	Yes/No

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?

Yes ___ No ___ If yes, explain: _____

Is your child allergic to any type of food medication?

Yes ___ No ___ If yes, explain: _____

Does your child require a special diet?

Yes ___ No ___ If yes, explain: _____

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

Parents/Guardian Initials _____

I understand that Grace Christian Academy will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

Parents/Guardian Initials _____

Fee-\$130.00 per week / \$75.00 Registration Fee

Please circle how you heard about Grace Christian Academy

Friend _____ Website _____ School _____ Word of mouth _____ Flyer _____ Other _____

Terms of Agreement

Grace Christian Academy and staff are not responsible for lost or damaged property. All scheduled events are subject to change. I understand that no fees will be refunded or transferred unless a child is unable to participate due to an accident or illness per physician orders. In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician)

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Printed Name: _____