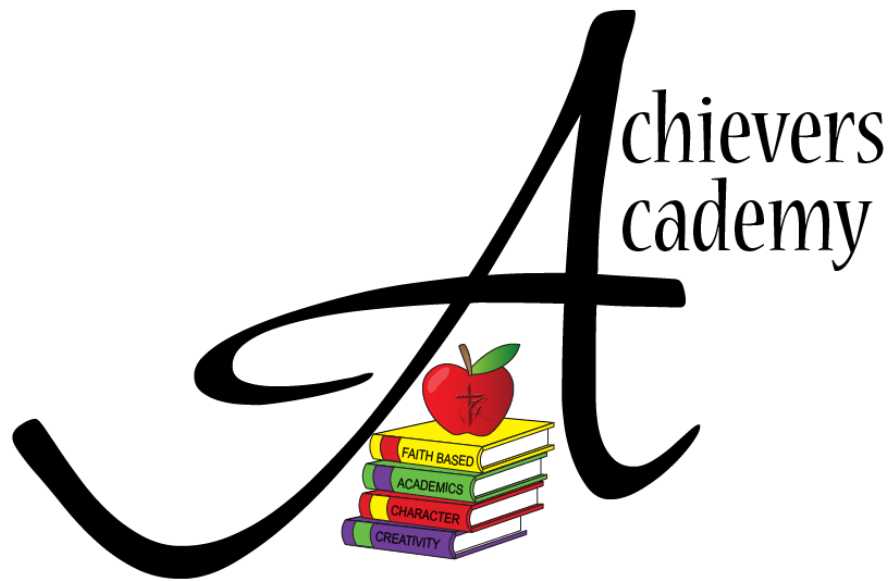


Total Grace Achievers Academy Summer Camp Enrollment Application

“Where kids can experience Life and Learn to Achieve”



Total Grace Achievers Academy Summer Camp Enrollment Application



Student Information

Child's Name _____ DOB _____

Age _____ Grade _____ School: _____

Street Address _____

City _____ State _____ Zip Code _____

IEP: Yes No Transportation needed: Yes No

If Yes, explain diagnosis: _____

Contact Information

Parent/Guardian Name _____

Street Address _____

City _____ State _____ Zip Code _____

Phone Number () _____ Work Phone () _____

Cellular Phone () _____ E-mail address _____

Place of Employment _____ Hours Worked _____

Secondary Contact

Name _____ Relationship: _____

Street Address _____

City _____ State _____ Zip Code _____

Home Number () _____ Work Phone () _____

Cellular Phone () _____ E-mail address _____

Submit Applications via email to info@totalgracelex.org or via Fax to 859.523.9244

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Pick-Up Authorization

Please list four people other than the primary contact guardian that are authorized to pick up your child from our facility:

1. Name _____ Relationship _____

Home Number () _____ Cellular Phone () _____

2. Name _____ Relationship _____

Home Number () _____ Cellular Phone () _____

3. Name _____ Relationship _____

Home Number () _____ Cellular Phone () _____

4. Name _____ Relationship _____

Home Number () _____ Cellular Phone () _____

Are there any persons not permitted to pick-up or visit your child/children on the premises?

_____ Yes _____ No

Name(s) _____

Name(s) _____

Name(s) _____

Name(s) _____

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Emergency Information

Please list three people that are to be contacted in an emergency if the mother, father or legal guardian cannot be reached:

1. Name _____ Relationship _____

Phone Number () _____ Cellular Phone () _____

2. Name _____ Relationship _____

Phone Number () _____ Cellular Phone () _____

3. Name _____ Relationship _____

Phone Number () _____ Cellular Phone () _____

In the case of a life threatening emergency, Emergency Medical Services (911) will be called before notifying parents or guardians. In the event that parents or guardians are not able to be reached, a staff member will accompany your child with the Emergency Medical providers. It is understood that in an emergency situation, where sudden illness or injury has occurred, all costs incurred from these situations, even those from healthcare providers is the responsibility of the parent. Achievers Academy, nor Total Grace Baptist Church are responsible for these or any other charges incurred as a result of illness or injury.

*Parent or Guardian Signature

Date

*** Signature implies that you understand and agree to not hold Achievers Academy or Total Grace Baptist Church, liable for any illness or injury that occurs while your child is or is not in our custody or under the supervision of our staff.**

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Child's Medical Information

Preferred Hospital: _____

Child's Physician _____

Street Address _____

City _____ State _____ Zip Code _____

Phone () _____ Does your child have any allergies? Yes _____
No _____

If yes, please explain: _____

Does your child require the use of an Epi-Pen or Epi-Pen Jr? Yes _____ No _____

If yes, you must provide us with your child's dose of epinephrine must be on hand at the center before you child can be enrolled.

Please note: If you child has allergies, whether seasonal, food related, or environmental, it is necessary that you complete other documents including an allergy action plan. It is also necessary that we receive written documentation from a doctor stating that you child has as

SKIP THIS SECTION IF NO MEDICATION IS NEEDED

Authorized Prescriber's Order

(Physician, Dentist, Physician Assistant, Advanced Practice Registered Nurse):

Medication Name _____

Controlled Drug? ___ YES ___ NO

Dosage _____ Method _____ Time of Administration _____

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Specific Instructions for Medication Administration

Medication Administration Start Date ____/____/____ Stop Date ____/____/____

Is this medication to be self-administered by the child? Yes No

Relevant Side Effects of Medication

Plan of Management for Side Effects

Interactions? ____ YES ____ NO

If “yes” to any of the above, please explain

Prescriber’s Name _____ Phone Number _____

Prescriber’s Address

Parent/Guardian Authorization:

I request that medication be administered to my child as described and directed above and attest that **I have administered at least one dose of the medication to my child without adverse effects.**

I request that medication be self-administered to my child as described and directed above.

Print name Parent/Guardian Date

Signature of Parent/Guardian Date

Name of Childcare Personnel Receiving/Position Date

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Release Information:

I hereby give permission for my child to participate in afterschool activities organized by Achievers Academy.

I will allow the Achievers Academy to use photos of my child's work for program advertisement, without the use of my child's name.

Signature of Parent/Guardian

Date

Access to Records

I agree to allow Achievers Academy to contact my child's school to access educational records, update, and communicate student progress to the teachers and staff, in order to provide the most effective and comprehensive academic support

Signature of Parent/Guardian

Date

Payment Agreement

I agree to pay all required fees for Achievers Academy Summer Camp. Including a one-time \$85.00 registration and activity fee, and \$75.00 per week tuition fee on or prior to the Monday of service provided. I understand payments after Mondays will be charged a late fee of \$5.00 per day. I also understand the full tuition payment of \$75.00 is still owed if my child does not attend the full week. Enrollment will be suspended after one week of no payment.

Signature of Parent/Guardian

Date

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