

Anthem Christian School
2024 Summer Camp Registration Form

Student's Full Name _____

Address _____

City/State/Zip _____

Birthdate: _____

Family Information

Father/Guardian: _____ **Cell Phone:** _____

E-Mail: _____ **Work:** _____

Employer: _____

Address: _____ **City/State/Zip:** _____

Mother/Guardian: _____ **Cell Phone:** _____

E-Mail: _____ **Work:** _____

Employer: _____

Address: _____ **City/State/Zip:** _____

Sessions my child will be attending the ACS Summer Camp (Check all that apply).

_____ Week One (June 3-7) Jr. Chef Week _____ Week Three (June 17-21) Volleyball Camp

_____ Week Two (June 10-14) Ukelele Camp _____ Week Four (June 24-28) Basketball Camp

Camp activities are from 9:00-3:00 PM. Extended care will be open before and after camp for anyone who needs it (7:30 AM-5:30 PM). The non-refundable registration fee is \$75.00 which will be applied to the first week of summer camp. The cost for the sports and cooking camps is \$220.00 per week. The cost for the ukelele camp is \$250.00 (includes instrument rental for the week).

Enrollment Agreement

I understand that I am responsible to pay for the sessions I have enrolled my child to attend even if my child drops from the program. I understand the payment for the registration fee is due at the time I enroll my child. I understand that the payment for each additional week is due the Friday before the week begins and that a late fee of \$25.00 will be assessed for late payments. I have read and agree with the ACS Parent/Student Handbook and understand that except for the uniforms and grading, these policies and procedures will be used during summer camp.

Father/Guardian

Date

Mother/Guardian

Date

Emergency/Medical Information

Please list person(s) to contact (in order of preference) in the event of an emergency, and/or who are authorized to pick up child from school (attach a separate sheet, if necessary). Note: PARENT/GUARDIAN SHOULD BE LISTED FIRST.

Name	Address	Telephone	Relationship to Student
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____
4) _____	_____	_____	_____

Doctor: _____ Telephone: _____

Dentist: _____ Telephone: _____

Hospital Preference _____ Telephone: _____

Name of Insurance Company: _____ Policy # _____

Allergies: _____

Regularly Prescribed Medication that the student takes (please list): _____

Medical History/Condition that the school needs to be aware of _____

Consent for Treatment

MEDICAL RELEASE for my child _____: This is to certify that I, the undersigned, do hereby authorize the physician named above or the attending physician (if my doctor cannot be reached) to perform whatever medical services or operation (major or minor) and/or administer whatever medicines or anesthetics deemed necessary for my child's health and well-being. I understand the school will make every attempt to contact me in the event of an emergency.

I understand that our child's likeness may be photographed or videotaped by the school in the course of summer camp activities. We hereby give consent for the school to use our child's likeness in promotional and/or advertising materials.

_____ Father/Guardian	_____ Date	_____ Mother/Guardian	_____ Date
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