



JOSHUA CHRISTIAN ACADEMY SUMMER CAMP ENROLLMENT FORM



Child's Name: _____ Social Security #: _____

Grade Level completed as of June 2018 _____

T-Shirt Size: (Circle 1) **Youth:** S M L XL **Adult:** S M L XL 2XL 3XL

Address: _____ City: _____ Zip: _____

D.O.B. _____ Age: _____ Gender: _____ Current Grade: _____

Mother's Name: _____ Father's Name: _____

Mother's SSN: _____ Father's SSN: _____

Phone Number: _____ Phone Number: _____

Cell Number: _____ Cell Number: _____

Cell Carrier: _____ Cell Carrier: _____

Email address: _____ Email address: _____

PARENT EMPLOYMENT INFORMATION

Mother's Employer Name and Address Phone Number

Father's Employer Name and Address Phone Number

Child's Physician: _____
Phone Number

Physician's Address: _____

May the center call another physician if unable to contact the above? Yes _____ No _____

Persons authorized to remove the child:

Mother: Yes _____ No _____
Father: Yes _____ No _____
Guardian: Yes _____ No _____

Persons to be contacted in case of illness, accident or emergency, if for some reason the parents or guardians cannot be reached, and authorized to remove the child from the facility: If none, please indicate "None."

Name Address Phone Relationship

Name Address Phone Relationship

Name Address Phone Relationship

Special instructions regarding eating habits, medical conditions, toileting or any other area of concern:

PARENT'S RESPONSIBILITIES:

ACCOUNTS:

I understand that if my account is not **PAID IN FULL** within one week of the date due, my child will not be accepted until my account is paid in full. All fees are **NON-TRANSFERABLE AND NON-REFUNDABLE**. Any false information disclosed on this application may result in immediate dismissal.

By signing this form, I understand that the **Kids Hope Alliance** Summer Campership is for six (6) weeks. I acknowledge that I am responsible for the **FULL** Summer Camp fees should I choose to continue camp for the remainder of the summer camp session, if I am awarded the KHA Campership, which is for six (6) weeks. The hours of summer enrichment camp 8:00 am to 5:00 pm. Extended day hours are available at an additional cost and is MY responsibility to pay.



Parent / Guardian: _____ Date: _____

PHOTO / VIDEO RELEASE AUTHORIZATION

I understand that my child will be videoed or photographed sporadically for the purpose of training or marketing while enrolled in Camp Joshua. I give my permission for my child to be photographed or videoed. I agree to release and discharge Joshua Christian Academy, Joshua Christian Faith Center, Inc., its officers, agents and employees exercising reasonable care within their scope of employment from liability (all claims) and demands/rights and causes of action) growing out of personal injuries and property damage resulting or occurring during the aforementioned activity.



Parent / Guardian: _____ Date: _____

FIELD TRIP PERMISSION

I further understand that my child will attend experience trips on and off campus with Camp Joshua. I / We consent to _____,

Child's Name

accompanying his/ her class / group on the planned and supervised field trip and I agree to release and discharge Joshua Christian Academy, Joshua Christian Faith Center, Inc., its officers, agents and employees exercising reasonable care within their scope of employment from liability (all claims) and demands/rights and causes of action) growing out of personal injuries and property damage resulting or occurring during the aforementioned activity, or in transit to and from said activity.



Parent / Guardian: _____ Date: _____

For office use only:

DATE PAID: _____ AMOUNT PAID: _____ RECEIPT #: _____



Joshua Christian Academy
“Home of the Achievers”



Summer Camp

Parent/Guardian:

Please be advised that enrollment cannot be completed without the following items:

- Last Report card**
- Or**
- Step-up for Student award letter 2018-2019**
- Or**
- McKay award letter 2018-2019**
- Or**
- Food Assistance Program / Tanf (must include child’s name)**
- Or**
- Proof of Medicaid (Must include child’s name)**



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