



ATHENS CHRISTIAN SCHOOL

CAMP EAGLE 2019

Registration Form

Entrance Date _____ Withdrawal Date _____

Child's Name _____ Sex _____ Age _____ Date of birth _____

Home Address (Street) _____ Grade _____

City _____ State _____ Zip _____

Home Phone Number _____ Parent e-mail _____

Father's Name _____ Phone Number _____

Father's Home Address (if different from child's) Street _____

City _____ State _____ Zip _____

Father's Place of Employment _____ Work Phone _____

Employer's Street Address _____

City _____ State _____ Zip _____

Mother's Name _____ Phone Number _____

Mother's Home Address (if different from child's) Street _____

City _____ State _____ Zip _____

Mother's Place of Employment _____ Work Phone _____

Employer's Street Address _____

City _____ State _____ Zip _____

Child's Living Arrangements: (check one) Both Parents Mother Father Other

Child's Legal Guardian(s): (check one) Both Parents Mother Father Other

The child may be released to the person(s) signing this agreement or to the following:

*Name _____ Address _____

City _____ State _____ Zip _____

Telephone Number _____ Relationship to child _____

Relationship to Parent(s) or Guardian _____

*Name _____ Address _____

City _____ State _____ Zip _____

Telephone Number _____ Relationship to child _____

Relationship to Parent(s) or Guardian _____

Persons to contact in the case of an emergency when parent or guardian cannot be reached:

Name _____ Phone Number _____

Name _____ Phone Number _____

Name _____ Phone Number _____

Name of Public or Private School child attends, if any: _____

Child's Doctor or Clinic Name _____

Doctor/Clinic Phone Number _____

My child has the following special needs _____

The following accommodations(s) may be required to most effectively meet my child's needs while at the center

My child is currently on medication(s) prescribed for long-term continuous use and/or has the following pre-existing illness, allergies, or health concerns _____

EMERGENCY MEDICAL AUTHORIZATION

Should (child's name) _____ Date of birth _____
suffer an injury or illness while in the care of Athens Christian School and the facility is unable to contact me (us) immediately, it shall be authorized to secure such medical attention and care for the child as may be necessary. I (We) shall assume responsibility for the payment for services.

Parent/Guardian Signature _____

Date _____

Facility Director _____

Date _____

Before any medication is dispensed to my child, I will provide a written authorization which includes: date, name of child, name of medication, prescription number (if any), dosages, date and time of day medication is to be given. Medicine will be in the original container with my child's name marked on it.

My child will not be allowed to enter or leave the facility without being escorted by the parent(s), person authorized by parent(s), or facility personnel.

I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur, e.g., phone numbers, work location, emergency contacts, child's physician, child's health status, and immunization records, etc.

The facility agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, etc., which include my child.

ACS agrees to obtain written authorization from me before my child participates in routine transportation, field trips, special activities away from the facility, and water-related activities occurring in water that is more than 2 feet deep.

I authorize ACS to obtain emergency medical care for my child when I am not available.

I have received a copy and agree to abide by the policies and procedures for ACS – Camp Eagle.

Parent/Guardian Signature _____ Date _____

Director Signature _____ Date _____