



Summer With Grace
Program runs from June 26 – August 11
8:30 pm – 3:15 pm

STUDENT INFORMATION

_____ (First) (Middle) (Last) _____ (Birthdate)

PARENT INFORMATION

Father's Name _____ Mother's Name _____
Address _____ Address _____
City, State & Zip _____ City, State & Zip _____
Home Phone (____) _____ Home Phone (____) _____
Cell Phone _____ Cell Phone _____
Family Email Address _____

PLACE OF EMPLOYMENT

Father: _____ Phone: _____

Mother: _____ Phone: _____

EMERGENCY CONTACT

In the event of an illness/injury or early dismissal and you cannot be reached, the following people should be called in this order:

- | | | | |
|----------|------|--------------|-----------------------|
| 1. _____ | Name | Phone Number | Relationship to Child |
| 2. _____ | Name | Phone Number | Relationship to Child |
| 3. _____ | Name | Phone Number | Relationship to Child |

The following people have my permission to pickup my child from school (in addition to the three individuals listed above):

DENIAL OF ACCESS

The following individual is forbidden to have access to our child:

_____ Relationship to Child _____
(First) (Last)

FAMILY DOCTOR _____ **PHONE:** _____

FAMILY DENTIST _____ **PHONE:** _____

MEDICATIONS

Please list any medications your child is currently required to take:

At home _____
Will need to take at GCS * _____

*If your child must take medication during the program day, please be sure to get appropriate paperwork from the front office that your doctor will need to fill out.

OVER

HEALTH PROBLEMS Please circle yes or no related to the items below. For each yes response provide the necessary details.

Allergies NO YES _____
(Please include bee stings, nut and/or other food allergies)
Asthma/Respiratory Problems NO YES _____
Dental/Orthodontia NO YES _____
Headaches (severe) NO YES _____
Glasses/Vision Problems NO YES _____
Seizures NO YES _____

Are there any other significant health problems or concerns which should be noted?

Insurance Carrier _____ Name of Policy Holder _____

Policy Number _____ Group Number _____

CONSENT

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by the aforementioned doctors, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and the transfer of the child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists concurring in the necessity for such surgery are obtained prior to performance of such surgery. In addition to the aforementioned information, I give my permission for any and all medical information to be shared with all school personnel that interact with my child.

Parent/Guardian Signature _____ Date _____

REFUSAL TO CONSENT

I **DO NOT** give my consent for emergency medical treatment of my child. In the event of an illness or injury requiring emergency treatment, I wish the schools authorities to take no action or to: (please explain)

Parent/Guardian Signature _____ Date _____

- Please contact the school about any changes in your child's health during the program.
- It is very important that information be kept current for emergencies. Please contact the school with any changes in address, telephone numbers or emergency contact people listed on the front page. Thank you for your help.

Grace Christian School's policy is to maintain confidentiality regarding student information. In order to best carry out this policy and comply with confidentiality laws, we need the following form to be on file for your student. Please initial your preference:

Do not publish Ok to publish

- Photos, name, etc on social media, GCS website, and/or published in newspaper _____

By completing this enrollment form, I am committing to the financial obligations included in enrolling my child in the summer program in the amount of \$1,400.00. I have enclosed a \$200.00 non-refundable deposit and am aware that I must make two additional payments of \$600.00, with the first one due no later than June 15 and the second one due no later than July 15.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____