



**Grace Camp**  
9:00 am – 3:00 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 pick up 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:

- Photos, name, etc on social media, GCS website, and/or published in newspaper Do not publish \_\_\_\_\_ Ok to publish \_\_\_\_\_

By completing this enrollment form, I am committing to the financial obligations included in enrolling my child in the Grace Camp(s) selected below. I have enclosed a \$50.00 non-refundable deposit for each week I have selected. I understand that the remaining balance in full no later than June 1.

Adventure Camp Week 1 July 17-21, 2023 \$225       Adventure Camp Week 2 July 24-28, 2023 \$225

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_