



### FUN in the SUN 2021 ~ APPLICATION

Students First name \_\_\_\_\_ Last name \_\_\_\_\_  
 Home Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone # \_\_\_\_\_  
 Students Birth date \_\_\_\_\_ Grade in Fall \_\_\_\_\_

<b>MOTHER / GUARDIAN</b>	<input type="checkbox"/> First Contact
Mother's First Name _____	
Mother's Last Name _____	
Place of Employment _____	
Work Phone _____	
Cell/Other _____	
Mother's Email _____	
Home Phone if different than above _____	
Home Address if different than above:	
Street _____	
City _____ State _____ Zip _____	

<b>FATHER / GUARDIAN</b>	<input type="checkbox"/> First Contact
Father's First Name _____	
Father's Last Name _____	
Place of Employment _____	
Work Phone _____	
Cell/Other _____	
Father's Email _____	
Home Phone if different than above _____	
Home Address if different than above:	
Street _____	
City _____ State _____ Zip _____	

#### AUTHORIZED PICK-UP AND EMERGENCY CONTACT

List in order the name of anyone, other than mother and father, you wish the EE staff to contact for emergency purposes or whom you authorize to pick up your child. Specify relative, friend, etc., and phone number

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_
2. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_
3. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_
4. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

#### HEALTH & MEDICAL INFORMATION

Please provide us with a list of allergies and/or intolerance to foods, medications, or any other substances that you think we should know about and actions to take in an emergency situation.

\_\_\_\_\_

\_\_\_\_\_

Please provide us with details about any pertinent developmental information or chronic physical problems that affect your child.

\_\_\_\_\_

\_\_\_\_\_

Please use this space to note any other special requests or considerations for your child.

\_\_\_\_\_

\_\_\_\_\_

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# SPIRITUAL REFERENCE

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Current Church \_\_\_\_\_ Pastor's Name \_\_\_\_\_

- ◆ Please describe the level of your family's involvement in your church

Father:	Commitment to Christ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
	Church Attendance	<input type="checkbox"/> Weekly	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Seldom/None
Mother:	Commitment to Christ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
	Church Attendance	<input type="checkbox"/> Weekly	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Seldom/None
Student:	Commitment to Christ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
	Church Attendance	<input type="checkbox"/> Weekly	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Seldom/None

- ◆ How long has your family/student attended the current church? \_\_\_\_\_
- ◆ In what other capacities is your family involved in church? (e.g. Youth Group, Bible Study, Sunday School Teachers, etc.)  
\_\_\_\_\_  
\_\_\_\_\_

- ◆ Please provide a spiritual reference:

Name (printed) \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to applicant \_\_\_\_\_

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## PARENT AUTHORIZATION AND POLICIES

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To the best of my knowledge this information is correct, and the individuals herein described have permission to engage in all summer program activities unless otherwise noted.

I hereby give permission to the EE staff to apply sunscreen if needed \_\_\_\_ (initial here)

Realizing that a sudden illness or accident may happen to any child, I hereby ask the EE staff to use their best judgment in such cases in caring for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the EE staff to secure and administer treatment, including hospitalization, for my child. I authorize Grace Christian School EE staff to provide or arrange necessary emergency transportation for my child. I further understand that fees do not include accident or illness insurance and Grace Christian School is not responsible for any expenses incurred. I agree to release any records necessary for insurance purposes.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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## Attendance & Payment Options

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Please complete an attendance calendar for June, July and August. Calendars must be filled out and returned by:

June calendar due by: **May 20, 2021**

July calendar due by: **June 20, 2021**

August calendar due by: **July 20, 2021**

After receiving your child's calendar, your monthly bill will be calculated and sent to our billing department. Once billed, **NO CREDITS WILL BE ISSUED.** Call the EE office if you need to add a day and we will do our best to accommodate.

**\*NEW\*** There will be a \$30 processing fee, per family account, added to the first Summer EE invoice. The first Summer EE invoice will be due prior to your child attending the program.

We now offer half-day and full-day options. Fees are as stated below:

**Half-Day AM Session: 7:30 am—12:30 pm \$25.00/day**

**Half-Day PM Session: 1:00 pm—6:00 pm \$25.00/day**

**Full-Day: 7:30 am—6:00 pm \$45.00/day**

In signing, I understand that tuition must be paid in advance/prior to my child's attendance and tuition is non-refundable.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_