



FUN in the SUN 2021 ~ REGISTRATION

Students First name _____ Last name _____

Home Address _____

City _____ State _____ Zip _____

Home Phone # _____

Students Birth date _____ Grade in Fall _____

MOTHER / GUARDIAN 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 _____

FATHER / GUARDIAN 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.

PARENT AUTHORIZATION AND POLICIES

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 _____

Attendance & Payment Options

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.

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 _____