

Summer Christian Academy Registration Form

STUDENT

Last Name First Name Grade DOB

PARENT/GUARDIAN

Last Name First Name Relationship to Student

Email Address Phone Number

Street Address City State Zip Code

FAMILY DOCTOR

Last Name First Name Phone Number

Insurance Policy Number

AUTHORIZATION

I hereby authorize the staff of Summer Christian Academy to give consent for any necessary care for my child _____ while he/she is in their care and the parent or guardian cannot be reached. I also agree to pay all of the costs and fees contingent on any emergency medical treatment for my child as secured and authorized under this consent.

Signature Date

PICK UP AUTHORIZATION AND EMERGENCY CONTACTS

1 _____
Last Name First Name Relationship to Student

- Emergency Contact
 Authorized pick up
 Authorized to make medical decision
- _____
Phone Number

2 _____
Last Name First Name Relationship to Student

- Emergency Contact
 Authorized pick up
 Authorized to make medical decision
- _____
Phone Number

MEDICAL CONCERNS/ ALLERGIES/ SPECIAL INSTRUCTIONS

List any medical concerns

List any student's allergies

Other Special Instructions

TUITION AND FEES/ PAYMENT METHOD

*Payment plan is available.

*You will be asked to pay when registering.

Tuition	\$875.00	
Field Trip & Special Activities Fee	\$200.00	
Total	\$1075.00	

- I understand that this is a Christian Academy with religious emphasis as part of the activities.
- I understand that Christian Academy is not responsible for my child until he/she has been placed in the personal care of a teacher or after the child has been personally placed into hands of the person picking up the child from the school. At those times it is the responsibility of the parent or guardians.
- Permission is given for a qualified member of the staff to administer first aid to my child should he/she become ill or injured.
- Permission is given for classroom pictures of my child to be taken for classroom and building use, brochures*, CPC website*, and other forms of communications*. (*no names will be used)
- **I understand the tuition policies and that no refunds will be given after June 19, 2016.**

Parents/Guardian Signature

Date