

**+Rescue Christian Academy**  
**Summer Camp Enrollment 2025**

Child's Name: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Current Age: \_\_\_\_\_ Gender: Male / Female

Address: \_\_\_\_\_

City / Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer Phone: \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

We heard about RCA from:  Friend: \_\_\_\_\_  Christian family: \_\_\_\_\_

Drive by: \_\_\_\_\_  Website: \_\_\_\_\_  Other: \_\_\_\_\_

**CHILD INFORMATION**

Please share the following information regarding your child (indicate N/A for those that do not apply):

Child on medication: \_\_\_\_\_

Behavioral Concerns: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

**EMERGENCY MEDICAL RELEASE**

This is to certify that I voluntarily furnish medical information on the above-designated child to Rescue Christian Academy Summer Camp. I hereby request that in the event that I or the people I authorize cannot be reached in a timely manner that an official representative of Rescue Christian Academy Summer Camp seek first aid or emergency medical care for my child. I further give my consent for an emergency medical facility or physician to administer necessary medical treatment to my child if I am unable to be reached or the situation requires immediate attention. I understand that I am responsible for paying all medical bills. **Initial** \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_

Policy # / Group #: \_\_\_\_\_

## PICK UP AUTHORIZATION

In addition to primary caretakers listed on this form, I authorize the following individuals to drop off and pick up my child from RCA. ID's will be required for pick-up. **Initial** \_\_\_\_\_

Full Name of Person Authorized	Relationship	Phone Number(s)

The RCA Summer Camp Program runs from June 9<sup>th</sup> – August 15<sup>th</sup>, 8:30am - 3:30pm.

The cost is \$140.00 per week @10 weeks 1,400.00.

\_\_\_\_\_ Before Care (6:30- 8:30) \$12 per day

\_\_\_\_\_ After Care (3:30-5:30) \$12 per day

## REGISTRATION FEE

A registration fee of \$100 is required to enroll in RCA summer camp program. This registration fee is non-refundable, even if your child withdraws from our camp. **Initial** \_\_\_\_\_

By signing below, you verify that all the information on this enrollment form is accurate and complete.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_