

+Rescue Christian Academy
Summer Camp Enrollment 2024

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 10th – August 16th, 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: _____