

THE LIONS' DEN - 2017

FIRST CHRISTIAN ACADEMY
24530 NW 199TH LANE
HIGH SPRINGS, FL 32643 (386) 454-1641

Child's Name: _____ Male _____ Female _____

Birthdate _____ Grade this fall _____ Allergies _____

Mailing Address _____

City _____ State _____ Zip _____ Phone _____

Parent or Guardian Contact Information

Name _____ Relationship to child _____

Phone Number _____ Phone Number _____

Name _____ Relationship to child _____

Phone Number _____ Phone Number _____

Persons Authorized To Pick Up Child

1 _____ Phone number _____

2 _____ Phone number _____

3 _____ Phone Number _____

Please check the weeks of The Lions' Den that your student will be attending.

- Week 1- JUNE 5th-JUNE 9th
- Week 2- JUNE 12th-JUNE 16th
- Week 3- JUNE 19-JUNE 23rd
- Week 4- JUNE 26th -JUNE 30th
- Week 5- JULY 3rd-JULY 7th
- Week 6- JULY 10th-JULY 14th
- Week 7- JULY 17th-JULY 21st
- Week 8- JULY 24th-JULY 28th
- Week 9- JULY 31st- AUG 4th
- Week 10- AUG 7th- AUG 11th

T-shirt Size (select one): YOUTH: ____ small ____ medium ____ large

ADULT: ____ small ____ medium ____ large ____ x-large

PERMISSION FOR EMERGENCY CARE

First Christian Academy (FCA) has permission to obtain medical care for my child as they deem necessary. When my physician or I cannot be contacted in an emergency, FCA has my permission to take my child to the emergency room of the nearest hospital. The hospital has my authorization to provide treatment which a physician deems necessary for the well-being of my child.

MEDICATION INFORMATION

I/We understand that the staff of First Christian Academy can only dispense medication prescribed by a physician. Over-the-counter medication will not be given to students unless accompanied by a written prescription by the child's physician.

Authorization for Medication forms are available at the School Office.

PERMISSION/AUTHORIZATION TO PHOTOGRAPH

I/We understand that photographs of my child may be taken throughout the year and we give permission for those photographs to be used in school publications or on the school website.

Yes No

PARTICIPATION and TRANSPORTATION CONSENT

The undersigned parent or guardian hereby consents for their child to ride in any church owned vehicle and to participate in any inside or outside activities sponsored by First Christian Academy from 7:00 a.m. to 6:00 p.m. I certify that my child is physically able to participate in any activities.

Parent/Guardian SIGNATURES

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

Mother's Signature

Date

Father's Signature

Date

4/06/17