

FIRST CHRISTIAN ACADEMY
OASIS SUMMER CAMP - 2019
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 _____ Cell Phone Number _____

Name _____ Relationship to child _____

Phone Number _____ Cell Phone Number _____

Persons Authorized To Pick Up Child

1. _____ Phone number _____

2. _____ Phone number _____

3. _____ Phone Number _____

Please check the weeks of Oasis Summer Camp that your child will be attending.

Week 1 - May 28 - May 31 (closed Memorial Day, Monday, May 27)

Week 2 - June 3 - June 7

Week 3 - June 10 - June 14

Week 4 - June 17 - June 21

Week 5 - June 24 - June 28

Week 6 - July 1 - July 5 (closed Thursday, July 4)

Week 7 - July 9 - July 12

Week 8 - July 15 - July 19

Week 9 - July 22 - July 26

Week 10 - July 29 - August 2

Week 11 - August 6 - August 8 (closed Monday, August 5 & Friday August 9)

T-shirt Size (2 free t-shirts are included with the registration fee):

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.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Please return completed form and registration fee of \$75 to the school office.