



# Fun-tastic Summer Camp

## STUDENT APPLICATION FOR ENROLLMENT

### Student Information:

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

Full name: \_\_\_\_\_  
Last First Middle Nickname Ethnicity

Child's Physical Address: \_\_\_\_\_  
Street number/name City State Zip code

### Family Information:

Parent 1: \_\_\_\_\_ Parent 2: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

Email: \_\_\_\_\_ Email: \_\_\_\_\_  
Print clearly Print clearly

Education Level: \_\_\_\_\_ Education Level: \_\_\_\_\_

Are student's parents divorced? Yes \_\_\_ No \_\_\_ If yes, who has legal custody: \_\_\_\_\_

List siblings and grade(s): \_\_\_\_\_

**Emergency Contacts:** Child will be released only to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident or emergency, if for some reason, the custodial parent or legal guardian cannot be reached:

Name/Relation	Email	Phone



## Promoting fun and safety for the youth.

www.pineygroveacademy.org

**Medical Information:** I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if warranted.

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

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

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

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

Insurance Policy name: \_\_\_\_\_ Policy #: \_\_\_\_\_

Does child have any allergies? \_\_\_\_\_ If yes, please list: \_\_\_\_\_

My child may be given Tylenol:  Yes  No If yes, preferred strength:  Children's  Junior  Adult

Does your child regularly take medication?:  Yes  No If yes, list medications and describe regimen: \_\_\_\_\_

Special dietary needs list here: \_\_\_\_\_

**Shirt size:** \_\_\_\_\_

### Media Release

AUTHORIZATION FOR MEDIA RELEASE:

I understand the Fun-tastic Summer Camp, may use photographs and/or digital videos of my child(ren) for use in local publications, advertisement or many other related promotional medium. I waive the right to inspect or approve any photographs or digital images before they are published and any use to which they may be put.

I have read the above media release and hereby give my consent.

Parent/Guardian Signature: \_\_\_\_\_

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