**Abundant Life Christian Academy**

**Summer Camp 2020 – Registration Form**

Please print and complete all blanks and check boxes; missing information will delay the registration process.

**\_\_\_\_\_\_\_\_\_ I am registering my child for Session I – June 8th – June 26th**

**\_\_\_\_\_\_\_\_\_ I am registering my child for Session II – June 29th – July 17th**

**\_\_\_\_\_\_\_\_\_ I am registering my child for Session III - July 20th - August 7th**

**\_\_\_\_\_\_\_\_\_ I am registering my child for both Sessions I & II**

**\_\_\_\_\_\_\_\_\_ I am registering my child for both Sessions II & III**

**\_\_\_\_\_\_\_\_\_ I am registering my child for Sessions I, II, & III**

 **Student Information:**

**Camper 1: Student Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Birth Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_ Male \_\_\_\_\_ Female **Grade Level in August 2020** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Ethnicity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Camper 2 : Student Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Birth Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_ Male \_\_\_\_\_ Female **Grade Level in August 2020** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Ethnicity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Camper 3**: **Student Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Birth Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_ Male \_\_\_\_\_ Female **Grade Level in August 2020** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Ethnicity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Camper 4: Student Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Birth Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_ Male \_\_\_\_\_ Female **Grade Level in August 2020** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Ethnicity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_ Male \_\_\_\_\_ Female

What Language would you prefer for school to home communication?

\_\_\_\_ English \_\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Permanent Address** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**City**\_\_\_\_\_\_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_\_\_\_\_\_\_

If your address is not the same as the address currently on file, please complete the **SUMMER** address information!

**Home Phone** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mother’s / Guardian’s Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Day Phone** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Cell** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Texts \_\_\_\_Yes \_\_\_\_ No\_\_\_\_

**Father’s / Guardian’s Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Day Phone** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Cell** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Texts \_\_\_\_Yes \_\_\_\_ No\_\_\_\_

**Emergency Contact** (other than parent) Authorized for pick up: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Day Phone** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Cell** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Texts \_\_\_\_Yes \_\_\_\_ No\_\_\_\_

Is your child currently enrolled in a **Special Education Program**? \_\_\_\_Yes \_\_\_\_ No

If yes, which program? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Information:** If medical care is necessary, call:

 \_\_\_ Mother \_\_\_ Father \_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Hospital:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your student have a health/medical concern/need or food allergy? \_\_\_\_Yes \_\_\_\_ No

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will your student take daily medication during Summer School? \_\_\_\_Yes \_\_\_\_ No

Medication name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dosage\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Acknowledgement:**

I acknowledge that the ALCA Summer Camp operates under the same discipline rules set forth in the ALCA Student Handbook. If my child is asked to leave the ALCA Summer Camp due to a violation of the rules stated in the handbook, **I will not receive a refund, full or partial, of any fees paid to enroll my child in the program.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Legal Guardian Date

**Camp Fees:**  $175 plus $50 non-refundable registration fee upon completed registration at the time of registration

**(if you pre-registered for the 2020-2021 school year in February, $50 fee is waived)**

**Ask about our special discount for students that will attend all three summer sessions**

 **Credit/Debit Cards** will only be accepted online at [www.alcaeagles.com/pay-online](http://www.alcaeagles.com/pay-online).

If unable to reach me in case of an emergency, I hereby give authority to any hospital or doctor to render immediate aid as might be required at the time for my child’s health and safety. I understand that the expense of the service will be accepted by me. My child and I have read and discussed the information on student discipline, and information set forth in the ALCA Summer Camp letter. I have been given the opportunity to ask for clarification regarding the discipline program and procedures. I understand I can call the ALCA school office at 954-979-2665 for more information. I agree and acknowledge that I am the financially responsible party. **I acknowledge that all fees paid are non-refundable.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Legal Guardian Date