



Good Shepherd Christian Academy Summer Camp Enrollment Form (2011)

Please complete separate forms for each child & submit immunization records before your child's start date

Student Name:		Street Address:	
Home Phone:		City, State, Zip:	
Gender:		Soc. Sec. Number:	
Date of Birth:		Grade Entering (9/11)	
School Attending (09/11):			
Parent/Guardian:		Relationship:	
Address if Different:			
Phone (home):		Phone (cell):	
Phone (work):		Email:	
Emergency Contact (1)		Emergency Contact (2)	
Name:		Name:	
Phone:		Phone:	
Phone:		Phone:	
Allergies:			
Medications:			
Doctor's Name:		Phone:	
Hospital Preference:			
Child's Areas of Interest:			
How did you hear about us?			
<p>Authorization for Medical Care: I hereby authorize Good Shepherd Christian Academy representatives to provide my child with any and all necessary treatments in the event of a medical emergency. I understand that such representatives of GSCA will make every effort to contact me and/or the emergency contacts listed above, but will not delay treatment in so doing. I agree that my child participates in this program voluntarily and I assume all risk and responsibility for any and all medical treatments as such may arise.</p>			
Signature of Parent or Guardian _____		Date _____	
Days Attending: M T W Th F		Hours Attending:	
Start Date:			
Vacation Dates:			

<p>Office Use Only:</p> <p>FT _____</p> <p>PT/Days _____ Hours _____</p> <p>Deposit Rec'd _____ Check # _____</p> <p>Missing Forms: _____</p>
--