



# Summer Care Enrollment Form (2008)

Please complete separate forms for each child

Name:		Street Address:	
Phone:		City, State, Zip:	
Gender:		Soc. Sec. Number:	
Date of Birth:		Grade Entering (9/08):	
School Attending (9/08):			Since:
Parent or Guardian:		Relationship:	
Address if Different:			
Phone (1):		Phone (2):	
Phone (3):		Email:	
Emergency Contact (1)		Emergency Contact (2)	
Name:		Name:	
Phone:		Phone:	
Allergies:			
Medications:			
Special Diet Needs:			
Doctor's Name:		Phone:	
Hospital Preference:			
Child's Special Areas of Interest:			
Other Information:			
How did you hear about us?			
<p>Authorization for Medical Care:</p> <p><i>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.</i></p>			
_____ Signature of Parent or Guardian		_____ Date	
_____ Signature of Parent or Guardian		_____ Date	

<p><b>Office Use Only:</b></p> <p>FT _____</p> <p>PT/Days _____ Hours _____</p> <p>Deposit Rec'd _____ Check # _____</p> <p>Missing Forms: _____</p>
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Please include a \$50.00 deposit with each enrollment – thank you!