

FAITH ACADEMY
2021 SUMMER PROGRAM
June 7th through July 30th

Date _____
 Registration Fee _____
 Receipt # _____
 Cash _____ Check # _____

Student Information

Student Shirt Size: _____

First	Middle Initial	Last	Goes By	Home Phone
Address		City, State, Zip	Date of Birth	Age

Dad/Guardian Information

Mom/Guardian Information

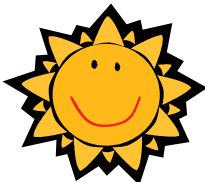
Name

Place of Employment

Work Number

Cell Phone Number

Email Address



Name

Place Of Employment

Work Number

Cell Phone Number

Email Address

PERMISSION FOR TRANSPORTATION

FAITH ACADEMY SUMMER PROGRAM has permission to transport the above named student on excursions or other planned trips away from Faith Academy. I understand that all precautions will be taken to ensure the safety of my child. In doing so, I fully release Faith Academy and its representatives from any responsibility and liability for injuries, damages and accidents including those which may occur during the transportation of my child. Field Trips include but are not limited to: Tanglewood Pool, Century Lanes Bowling, Cinemark Theater, and Skateworld.

Father's Signature/Guardian **AND/OR** _____
Mother's Signature/Guardian

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

In order to meet all legal requirements, I hereby authorize representatives of Faith Academy Summer Program to give consent for any and all necessary emergency medical care for my child (above named) while he/she is in said individual's care and custody.

Parent Signature/Guardian _____
Phone No.

Hospital/Clinic/Address: _____
 Phone Number _____

Emergency Contact Other Than Parent

Name/Relationship _____ Numbers _____
 Name/Relationship _____ Numbers _____

Other Adults That You Plan To Use For Pick-UP

Name/Relationship _____ Numbers _____
 Name/Relationship _____ Numbers _____

List Any Drug or Food Allergies:

Any Medications Your Child Is Currently Taking:

List Any Other Information We May Need To Know: (Use back of sheet if necessary)

