

**FAITH ACADEMY**  
**2024 SUMMER PROGRAM**  
*June 3rd through July 26th*

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**

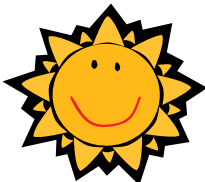
\_\_\_\_\_  
Name

\_\_\_\_\_  
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)

\_\_\_\_\_

