

Spring Break Camp 2019

Grades K - 6

Greenwood Christian School

Application for Admission

March 18 – March 29, 2019

Registration: \$10 per family

Cost: 4-5 days - \$130/weekly 3 days- \$100/weekly 2 days - \$75/weekly 1 day - \$45/weekly

Days your child will be participating:

Mar. 18 Mar. 19 Mar. 20 Mar. 21 Mar. 22
 Mar. 25 Mar.26 Mar.27 Mar.28 Mar. 29

Grade level: _____

(You will be billed for the days that you have indicated above. If you need to add days, we will adjust the billing. Due to staffing there will be no adjustments for absences.)

Does your child have a sibling/s participating in this program? Yes No

Name of Sibling/s: _____

Grade: _____
Grade: _____

Drop off time: _____ Pick up time: _____

Applicant's Legal Name: _____
First Middle Last Preferred Name

Applicant is a Boy Girl Date of Birth: _____ Home Telephone Number: _____
Month Day Year (Area Code) Number

Home Address: _____
Street City State Zip

Home School District _____

Preferred E-mail address for communication: _____ Mom Dad Family

Applicant's Ethnicity: American Indian Black (not of Hispanic origin) Asian or Pacific Islander
 Hispanic White (not of Hispanic origin) Multiracial

Primary language spoken in the applicant's home: _____ Secondary (if any): _____

Greenwood Christian School accepts students of any race, color, creed, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its education policies, admissions policies, scholarship programs and other school administered programs.

Family Information: Father/Guardian

Title: Mr. Dr.

Name: _____
First M.I. Last

Relationship to Applicant: _____

Home Address (if different than applicant's): _____

Home Telephone (if different than applicant's): _____

Employer: _____

Nature of Business: _____

Business Address: _____

Business Telephone: _____

Position: _____

Cell Phone Number: _____

Church Membership: _____

Mother/Guardian

Title: Mrs. Miss Ms. Dr.

Name: _____
First M.I. Last

Relationship to Applicant: _____

Home Address (if different than applicant's): _____

Home Telephone (if different than applicant's): _____

Employer: _____

Nature of Business: _____

Business Address: _____

Business Telephone: _____

Position: _____

Cell Phone Number: _____

Church Membership: _____

Special Circumstances:

Legal Parent(s) are Married Separated Divorced Single Widow(er)

In cases of divorce, separation, or guardianship a copy of the court ordered custodial agreement must be on file with the school.

Applicant in legal custody of: Both Parents Mother Father Other _____
Applicant lives with (name and relationship): _____

Questions Relating to Applicant’s Medical History:

Is your child on any routine medication Yes No If yes, provide the name, dosage, and purpose of the medication:

Does your child have a special medical condition, allergy, handicap, etc? Yes No If yes, describe and explain:

In the case of an emergency, if a parent cannot be reached please list at least 2 additional contacts with phone numbers:

Name: _____ Number: _____ Relationship: _____

Name: _____ Number: _____ Relationship: _____

Name: _____ Number: _____ Relationship: _____

Student Safety and Security:

You have entrusted us with the care of your children and because of that, we want to insure their safety while they are in our care. In order for us to be sure that your child is leaving with an authorized person, we issue yearly family identification tags. Any person that will be picking up your child needs to present this ID tag to one of the GCS staff members before they will be able to leave the building with your child. The ID tags will fit on your car key ring and will have your child/children’s last name on it. For security purposes, it will not have the school’s name or address or any other personal information about the child. Please carefully consider who you want authorized to pick up your child and let us know how many ID cards your family will require. We understand that occasionally there may be a circumstance where someone may need to pick up your child that does not have an ID card. Because of that type of circumstance, we would like for you to list below a special code word that can be given to a staff member in the office. This code word will be kept on file in the office only.

Child’s name: _____
Child’s name: _____

Child’s name: _____

Number of ID cards needed (limit 4 per family): _____

If you need more than four tags or need replacement tags there will be a \$1.00 charge per tag.

Family code word: _____

Person(s) **NOT** authorized to pick up your child and the relationship with the child:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Please initial the following:

_____ I give permission for my child to be given Tylenol (or generic) or Benadryl (or generic) if needed.

_____ I give permission for pictures and/or video of my child to be posted or used for school/church publications or presentations.

_____ I understand I will be billed for all days indicated on the application form plus any additional days my child is in attendance.

_____ I agree to pay Greenwood Christian School the required tuition amount for Spring Break Camp and I understand that payment is due by 6:00 p.m. Friday, of the week my child is attending, or a late charge will be added.

_____ In the event collection action becomes necessary; I agree to pay reasonable attorney’s fees, legal expenses, court costs and collection costs in addition to all other sums due.

Parent/Guardian Signature: _____ Date: _____