



# SUMMER/AFTERCARE ENROLLMENT FORM

Student's Name \_\_\_\_\_  
Last First Middle

Mailing Address \_\_\_\_\_ Phone \_\_\_\_\_  
Street City State Zip

Email Address \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Employer \_\_\_\_\_ Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Employer \_\_\_\_\_ Phone \_\_\_\_\_

If parents are separated or divorced, with whom does the child live? \_\_\_\_\_

Name and address of school attending: \_\_\_\_\_

Is there any other information we need to know about this child? \_\_\_\_\_

**Emergency Contact/Pick Up Authorization:**

Name of persons authorized to pick up child and/or contact in case of emergency: (other than those listed above)

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

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**SummerCare T-Shirt**

**Clothing** (shirt) child S (6-8) M (10-12) L (14-16) adult S M L XL 2X other: \_\_\_\_\_

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The school has my permission to call the above named emergency contacts in case of an emergency when as a parent I cannot first be reached. Before any change can be made, the new information must be on file in the office. Northside Christian Academy admits students of any race, color and national or ethnic origin. The Summer/AfterCare program is only available to students enrolled in 5<sup>th</sup> grade and below. The registration fee of \$50 is required at time of enrollment.

I wish to enroll my child: \_\_\_\_\_ FULL TIME \$90 per week \_\_\_\_\_ DROP IN \$25 per day \_\_\_\_\_ PART TIME \$70 (3 days)

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(Please do not write below the line.)

Date of interview: \_\_\_\_\_ Interviewed by: \_\_\_\_\_

Date of enrollment: \_\_\_\_\_ Class assignment: \_\_\_\_\_

⇒ Registration Fee Paid – Ck # \_\_\_\_\_  
\_\_\_\_\_

Registration Invoiced – Date \_\_\_\_\_  
⇒ Family discount applied

# Northside Christian Academy

## Permission to Treat a Minor

Name of child: \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_

List of all allergies: \_\_\_\_\_  
\_\_\_\_\_

List of all medications: \_\_\_\_\_  
\_\_\_\_\_

Name of parent or guardian: \_\_\_\_\_

Daytime phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_  
\_\_\_\_\_

Physician's name: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Person #1 \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Person #2 \_\_\_\_\_ Phone: \_\_\_\_\_

Please list any operation(s), injury, major illnesses or allergies your child has ever had and the dates that they occurred:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In the event the above named child needs medical attention and I, his/her parent or guardian, cannot be reached, an agent of Northside Christian Academy is hereby authorized to obtain all necessary medical treatment following his/her instructions for treatment. I assume all financial responsibility.

In case of an accident or serious illness, where immediate treatment of my child is not necessary, but where he/she is unable to remain at school, the school will contact me to arrange transportation for my child. If the school is unable to contact me, I authorize the school to contact one of the persons listed above and request that they come to school and transport my child home.

This permission is in effect from the date signed up to 13 months.

\_\_\_\_\_  
(signature of parent or guardian)

\_\_\_\_\_  
(date)

### **The above signature must be notarized.**

Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by

\_\_\_\_\_  
(name of person making statement)

- who is personally known to me or;
- has produced identification as follows \_\_\_\_\_

\_\_\_\_\_  
Notary Public, State of Florida  
\_\_\_\_\_

Print, Type, or Stamp Notary's Commission