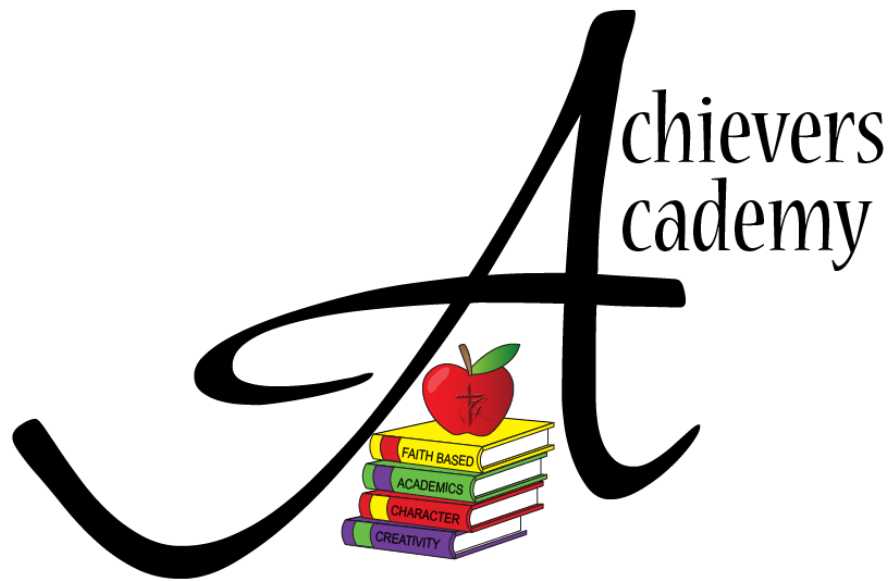


# Total Grace Achievers Academy Summer Camp Enrollment Application

“Where kids can experience Life and Learn to Achieve”



**Total Grace Achievers Academy Summer Camp Enrollment Application**



**Student Information**

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_

Age \_\_\_\_\_ Grade \_\_\_\_\_ School: \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

IEP:    \_\_\_Yes    \_\_\_No            Transportation needed:    \_\_\_Yes    \_\_\_No

If Yes, explain diagnosis: \_\_\_\_\_

**Contact Information**

Parent/Guardian Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number (    ) \_\_\_\_\_ Work Phone (    ) \_\_\_\_\_

Cellular Phone (    ) \_\_\_\_\_ E-mail address \_\_\_\_\_

Place of Employment \_\_\_\_\_ Hours Worked \_\_\_\_\_

**Secondary Contact**

Name \_\_\_\_\_ Relationship: \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Number (    ) \_\_\_\_\_ Work Phone (    ) \_\_\_\_\_

Cellular Phone (    ) \_\_\_\_\_ E-mail address \_\_\_\_\_

**Submit Applications via email to [info@totalgracelex.org](mailto:info@totalgracelex.org) or via Fax to 859.523.9244**

# Total Grace Achievers Academy Summer Camp Enrollment Application

## Pick-Up Authorization

Please list four people other than the primary contact guardian that are authorized to pick up your child from our facility:

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1. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Number ( ) \_\_\_\_\_ Cellular Phone ( ) \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Number ( ) \_\_\_\_\_ Cellular Phone ( ) \_\_\_\_\_

3. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Number ( ) \_\_\_\_\_ Cellular Phone ( ) \_\_\_\_\_

4. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Number ( ) \_\_\_\_\_ Cellular Phone ( ) \_\_\_\_\_

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Are there any persons not permitted to pick-up or visit your child/children on the premises?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Name(s) \_\_\_\_\_

Name(s) \_\_\_\_\_

Name(s) \_\_\_\_\_

Name(s) \_\_\_\_\_

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**Emergency Information**

Please list three people that are to be contacted in an emergency if the mother, father or legal guardian cannot be reached:

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_ Cellular Phone ( ) \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_ Cellular Phone ( ) \_\_\_\_\_

3. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_ Cellular Phone ( ) \_\_\_\_\_

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In the case of a life threatening emergency, Emergency Medical Services (911) will be called before notifying parents or guardians. In the event that parents or guardians are not able to be reached, a staff member will accompany your child with the Emergency Medical providers. It is understood that in an emergency situation, where sudden illness or injury has occurred, all costs incurred from these situations, even those from healthcare providers is the responsibility of the parent. Achievers Academy, nor Total Grace Church are responsible for these or any other charges incurred as a result of illness or injury.

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\*Parent or Guardian Signature

Date

**\* Signature implies that you understand and agree to not hold Achievers Academy or Total Grace Church, liable for any illness or injury that occurs while your child is or is not in our custody or under the supervision of our staff.**

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## Total Grace Achievers Academy Summer Camp Enrollment Application

### Child's Medical Information

Preferred Hospital: \_\_\_\_\_

Child's Physician \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (     ) \_\_\_\_\_ Does your child have any allergies? Yes \_\_\_\_\_  
No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your child require the use of an Epi-Pen or Epi-Pen Jr? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, you must provide us with your child's dose of epinephrine must be on hand at the center before you child can be enrolled.

Please note: If you child has allergies, whether seasonal, food related, or environmental, it is necessary that you complete other documents including an allergy action plan. It is also necessary that we receive written documentation from a doctor stating that you child has as

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### **SKIP THIS SECTION IF NO MEDICATION IS NEEDED**

#### Authorized Prescriber's Order

**(Physician, Dentist, Physician Assistant, Advanced Practice Registered Nurse):**

Medication Name  
\_\_\_\_\_

Controlled Drug?    \_\_\_ YES                    \_\_\_ NO

Dosage \_\_\_\_\_ Method \_\_\_\_\_ Time of Administration \_\_\_\_\_

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Specific Instructions for Medication Administration

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Medication Administration Start Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Stop Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Is this medication to be self-administered by the child?    Yes    No

Relevant Side Effects of Medication

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Plan of Management for Side Effects

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Interactions?    \_\_\_\_ YES    \_\_\_\_ NO

If “yes” to any of the above, please explain

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Prescriber’s Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Prescriber’s Address

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**Parent/Guardian Authorization:**

I request that medication be administered to my child as described and directed above and attest that **I have administered at least one dose of the medication to my child without adverse effects.**

I request that medication be self-administered to my child as described and directed above.

\_\_\_\_\_  
Print name Parent/Guardian Date

\_\_\_\_\_  
Signature of Parent/Guardian Date

\_\_\_\_\_  
Name of Childcare Personnel Receiving/Position Date

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## Total Grace Achievers Academy Summer Camp Enrollment Application

### **Release Information:**

I hereby give permission for my child to participate in afterschool activities organized by Achievers Academy.

I will allow the Achievers Academy to use photos of my child's work for program advertisement, without the use of my child's name.

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Signature of Parent/Guardian

Date

### **Access to Records**

I agree to allow Achievers Academy to contact my child's school to access educational records, update, and communicate student progress to the teachers and staff, in order to provide the most effective and comprehensive academic support

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Signature of Parent/Guardian

Date

### **Payment Agreement**

I agree to pay all required fees for Achievers Academy Summer Camp. Including a one-time \$85.00 registration and activity fee, and \$75.00 per week tuition fee on or prior to the Monday of service provided. I understand payments after Mondays will be charged a late fee of \$5.00 per day. I also understand the full tuition payment of \$75.00 is still owed if my child does not attend the full week. Enrollment will be suspended after one week of no payment.

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Signature of Parent/Guardian

Date

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