



# Temple Christian Academy

14190 Dedeaux Rd. Gulfport, MS 39503 | 228-832-4504

## GENERAL INFORMATION FORM

Child's Name: \_\_\_\_\_ Male | Female Birthdate: \_\_\_\_\_

Age: \_\_\_\_\_ Grade just finished: \_\_\_\_\_ Weight: \_\_\_\_\_ (for medical personnel in case of emergency)

Parent(s) or Guardian(s) the child lives with: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

What is your preferred communication? Text | phone call | email \_\_\_\_\_

In case of an emergency, contact:

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ relation \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ relation \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ relation \_\_\_\_\_

The following is a list of people who are allowed to pick up my child: (if you need to add anyone, please let the office know)

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

How did you hear about Summer Camp? (circle what applies):

My child attended Summer Camp last year      A family member referred me      My child attends TCA

A friend referred me      I attend Temple Baptist Church      Online advertisement

## MEDICAL INFORMATION

Is your child on any medication? Yes | No

If so, what: \_\_\_\_\_ Dosage amount: \_\_\_\_\_

Is the medicine to be administered at any time during Summer Camp? Yes | No

Any allergies (medicine, bee stings, milk, peanuts, etc.)?: \_\_\_\_\_

Can Summer Camp administer medicine such as, Tylenol, Advil, Tums, etc.? \_\_\_\_\_

*(form continued on back...)*

# EMERGENCY MEDICAL FORM

In the event of illness or injury to my child which requires emergency medical treatment, TCA will contact the following doctor if the parents cannot be reached.

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

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

The hospital emergency room of my choice is: \_\_\_\_\_

I hereby release the TCA Summer Camp Program from any claim arising out of the doctor's actions.

\_\_\_\_\_

\_\_\_\_\_

Parent Signature

Date

## ACKNOWLEDGEMENT

I give my permission for my child to take part in all TCA Summer Camp activities, including sports and camp sponsored trips away from the school property provided that I am informed in advance. I absolve TCA Summer Camp from all liability to me or my child because injury to my child at TCA Summer Camp or during any TCA Summer Camp activity.

I understand that discipline will be used to maintain control of camp activities. Discipline options include, but are not limited to: time out, quiet time, removal from the specific activity, game, field trip for the day/week/entire program; removal from the TCA Summer Camp program for the day/week/entire program.

I agree to be responsible for all financial obligations of my child attending TCA Summer Camp.

1. I understand that the registration fees are non-refundable
2. I understand that weekly payments are due each Monday.
3. I understand that my child's account cannot be more than a week behind.
4. I understand that if my child does not return to TCA Summer Camp, I owe any money on my child's account.

\_\_\_\_\_

\_\_\_\_\_

Parent Signature

Date