



*Application for
Elementary and Pre School*

SUMMER CAMP

Ages 3 – entering 6th grade
SUMMER 2010

Student's Name

Grade Entering

Date

Begins June 1st

7am – 5:30 pm

Cost

Registration Fee (Nonrefundable) \$35.00
Weekly Rate \$115.00

What to Bring:

Lunch, drinks and snack



Summer Camp 2010 BLANKET FIELD TRIP PERMISSION

This form serves as a permission slip for ALL regular field trips.

The school requires written permission from a parent or guardian of each child before she/he may participate in field trips.

Transportation for field trips will be by school transportation or walking. I hereby grant permission for my child to participate in field trips during the 2010 BCS Summer Camp. Notification will be posted for parents or guardians prior to any field trip indicating dates, times, and destinations. Please note some field trips are on campus.

Student Name: _____

I hereby give permission for the above named student to participate in all Summer Camp 2010 field trips.

Date

Parent/Guardian Signature



Parental Consent Form

Student Name: _____ Age: ____ DOB: _____

Address: _____ Tel. # () _____

City: _____ State: _____ Zip Code: _____

School: Brevard Christian School, West Melbourne, FL Grade Level _____

Parent's Work Telephone #: Mother () _____ Father () _____

TO WHOM IT MAY CONCERN:

The undersigned do (does) hereby give permission for my (our) child, _____, to attend and participate in activities sponsored by Brevard Christian School.

I (we) authorize an adult, in whom care of the minor has been entrusted, to consent to x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment in hospital care, to be rendered to the child/minor under general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Florida Medical Practice Act on the medical staff of a licensed hospital, whether surgical diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child/minor or pursuant to this authorization.

Should it be necessary for my (our) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

The undersigned does also hereby give permission for my (our) child/minor to ride in the vehicle designated by the adult in which care the child/minor has been entrusted with during and participating in activities sponsored by Brevard Christian School.

Father/Legal Guardian

Mother/Legal Guardian

Emergency Contact

Relationship to student

Telephone Number

Medical Insurance Yes No

Insurance Company _____ Policy # _____

Primary Care Physician _____ Tel. # _____

Parent Name _____ Signature _____

On this ____ day of _____, _____, before me, the undersigned notary public, personally appeared _____ proved to me through satisfactory evidence of identification, which were _____ to be the person whose name is signed above.

Signature of Notary _____
My commission expires on _____

SEAL



LIABILITY RELEASE FORM

(Release of All Claims)

In consideration for being accepted at Brevard Christian School for participation in Brevard Christian School trips/activities, we, being twenty-one years of age or older, do, for ourselves, and for and on behalf of my/our child-participant (herein referred to as Participant) if said participant is not twenty-one years of age or older, do hereby release forever, discharge and agree to hold harmless Brevard Christian School and the directors thereof from any and all liability, claims or demands of personal injury, sickness or death, as well as property damage and expense, of any nature whatsoever which may be incurred, as the result of the negligent, willful or intentional acts of said participants including expenses incurred attendant thereto,

Furthermore, we (and on behalf of our/my participant if under the age of twenty-one) hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein.

The undersigned further hereby agrees to hold harmless and indemnify said school directors, employees and agents for any liability sustained by said school as the result of the negligent, willful or intentional acts of said participants including expenses incurred attendant thereto.

I/We have read the foregoing and understand the rules of conduct for participants and will abide by them as well as the directions of the leaderships of the activity.

Student Name

Grade

Father/Legal Guardian

Date

Mother/Legal Guardian

Date

Parent Name _____ Signature _____

On this _____ day of _____, _____, before me, the undersigned notary public, personally appeared _____ proved to me through satisfactory evidence of identification, which were _____ to be the person whose name is signed above.

Signature of Notary _____
My commission expires on _____

Student Name: _____

 Please Print
 Date of Birth _____ Age _____
 Grade Entering _____



2010 Summer
911 INFORMATION

EMERGENCY

Names and phone numbers of persons to call in the event of emergency or illness.

Note we will call these emergency numbers in the order they are listed.

1. Parent _____ Phone _____ Cell _____
2. Parent _____ Phone _____ Cell _____
3. Name _____ Phone _____ Relationship _____
4. Name _____ Phone _____ Relationship _____
5. Name _____ Phone _____ Relationship _____
6. Name _____ Phone _____ Relationship _____

AUTHORIZED PICK-UP

Names of **any** person allowed to pick up your student:

Note anyone not on this list will be prohibited from picking up your child.

1. Parent _____ Phone _____ Relationship _____
2. Parent _____ Phone _____ Relationship _____
3. Name _____ Phone _____ Relationship _____
4. Name _____ Phone _____ Relationship _____
5. Name _____ Phone _____ Relationship _____
6. Name _____ Phone _____ Relationship _____

MEDICAL

Name of physician _____ Phone _____

Are there any special physical conditions of the student? No Yes

If "yes", please specify and explain, including if any accommodation is needed:

Is or has your child ever been under regular medication, including Ritalin, for any purpose?

No Yes

If "yes", please specify medication and explain, including dosage.

Please list any allergies your student may have: _____

May we administer the following to your child?

Acetaminophen (Tylenol) No Yes Topical Medications No Yes

