

# TIMBERLAKE CHRISTIAN SCHOOLS SUMMER DAY CAMP APPLICATION

## EXTENDED CARE INFORMATION:

- **AGES:** The Summer Day Camp is for students ages 3-7 years old.
- **DATES:** The Summer Day Camp program will begin on Tuesday, June 2, 2020 and will end on Friday, August 7, 2020. The first day of school for the 2020-2021 school year will be on Wednesday, August 19, 2020.
- **NO CARE:** There will be NO Summer Day Camp from August 10-18, 2020 due to teacher work week and NO Summer Day Camp on Friday, July 3, 2020 due to the holiday. Please plan accordingly.

## STUDENT INFORMATION:

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

STUDENT'S FULL NAME (First, Middle, Last): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ SEX: \_\_\_\_\_

AGE CLASS LAST COMPLETED:  3 Year Old  4 Year Old  5 Year Old  6 Year Old  7 Year Old

## PARENT INFORMATION:

FATHER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

## SCHEDULE DESIRED: (please check one)

- 5 Full Days** (7:00AM – 5:45PM)
- 5 Half Days** (7:00AM – 12:00PM)
- 3 Full Days** (7:00AM – 5:45PM)

## PARENT PERMISSION:

TCS occasionally uses pictures of projects, events and students on our website, brochures, advertising, and social media (Facebook, Twitter, Instagram) to highlight our programs. I give my permission for TCS to use my child's picture in these media.

Yes \_\_\_\_\_

No

Parent Signature

## OFFICE USE ONLY:

Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_ Registration Fee Paid:  Yes  No Amount Paid: \_\_\_\_\_ Cash: \_\_\_\_ Check #: \_\_\_\_\_

## Documents on File:

- Physical
- Proof of Identity
- Immunization Records

# EMERGENCY CONTACT & AUTHORIZED PICKUP:

STUDENT'S NAME: \_\_\_\_\_

## PARENT INFORMATION:

FATHER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

Photo of Father Here:

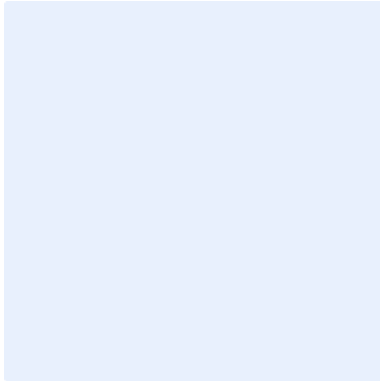
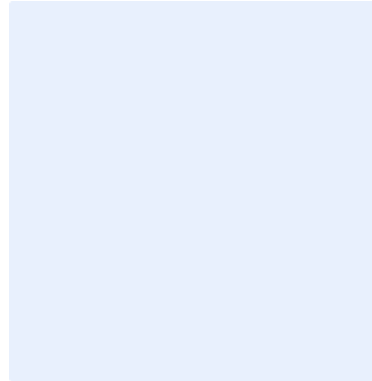


Photo of Mother Here:



## AUTHORIZED PICKUP:

*Please list three additional people to contact (if parent(s) cannot be reached) who are emergency contacts and authorized to pick up your child:*

NAME: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

RELATIONSHIP TO CHILD: \_\_\_\_\_

NAME: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

RELATIONSHIP TO CHILD: \_\_\_\_\_

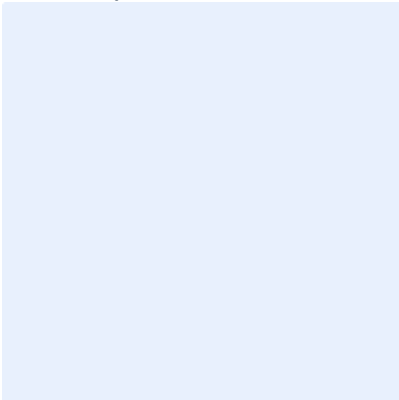
NAME: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

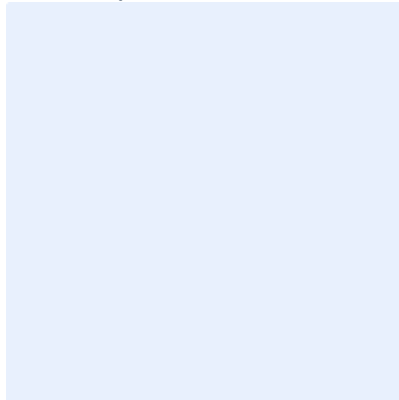
CELL PHONE: \_\_\_\_\_

RELATIONSHIP TO CHILD: \_\_\_\_\_

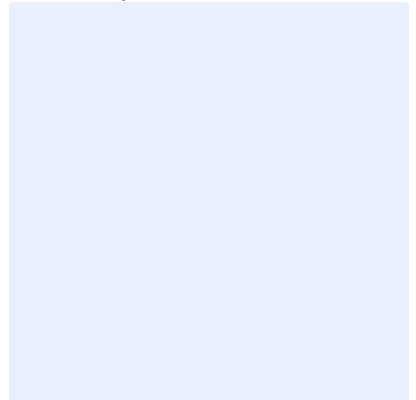
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# MEDICAL RELEASE FORM

STUDENT'S NAME: \_\_\_\_\_

## PHYSICIAN INFORMATION:

STUDENT'S DOCTOR: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

## ALLERGIES:

Does your child have any food, medication, or environmental allergies?  Yes  No

Please provide details of allergy, reaction and any necessary treatment.

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## CONDITIONS:

Does your child have any medical conditions we should be aware of?  Yes  No

If you answered "yes" please provide necessary detail.

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## MEDICATIONS:

Does your child take medication(s) regularly?  Yes  No

If you answered "yes" please provide necessary detail:

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## BIRTH CERTIFICATE:

If Timberlake Christian Schools does not already have a copy of your child's birth certificate, please include a copy with your child's application. To verify that Timberlake Christian Schools has your birth certificate on file please contact Beth Mears at [bmears@tcs4u.org](mailto:bmears@tcs4u.org). We must have a copy of your child's birth certificate on file prior to the first day of Summer Day Camp.

## IMMUNIZATION RECORDS:

If Timberlake Christian Schools does not already have a current/up to date copy of your child's immunization records, please include a copy with your child's application. To verify that Timberlake Christian Schools has your child's immunization records on file please contact Beth Mears at [bmears@tcs4u.org](mailto:bmears@tcs4u.org). We must have a copy of your child's immunization records on file prior to the first day of Summer Day Camp.

## CURRENT PHYSICAL:

If Timberlake Christian Schools does not already have a copy of your child's physical (completed within the last year), please include a copy with your child's application. To verify that Timberlake Christian Schools has your child's physical on file please contact Beth Mears at [bmears@tcs4u.org](mailto:bmears@tcs4u.org). We must have a copy of your child's current physical on file prior to the first day of Summer Day Camp.

## PERMISSION TO TREAT:

In case of serious illness, I request the school contact me and I agree to pick up my child within a reasonable amount of time. If unable to reach me, I hereby authorize the school to contact my emergency contact or my physician and to follow his/her instructions. If it is not possible to contact the physician, the school may make whatever arrangement necessary for the benefit of my child:

\_\_\_\_\_  
Father's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother's Signature

\_\_\_\_\_  
Date

