



Gospel Light Baptist Academy

Earnestly contending for the faith in our generation.
JUDE 3

Summer Adventure Camp

Student's Name _____ T-shirt Size _____

DOB _____ Grade Entering _____ Age _____

Father's Name _____ Mother's Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

Email (required) _____

How did you find out about GLBA? _____

PAYMENT POLICY

CAMP TUITION (8am-3pm): \$145.00 weekly (**2-3 yrs**) \$125.00 weekly (**4 yrs – 6th gr.**)

ACTIVITY/SUPPLY FEE (1 time fee): \$100.00 (all ages)

EXTENDED CARE (3pm-6pm): \$15.00 per hour, weekly

Activity/supply fees are non-refundable and due at time of registration. **Tuition must be paid by Monday each week.** Campers will not be allowed to return on Tuesday unless payment is made. Make checks payable to **Gospel Light Baptist Academy**. There will be a charge of **\$25.00** for any check returned due to insufficient funds (NSF). We do accept credit/debit cards.

Check the Extended Care Hours Needed:

_____ Pick-up by **4:00 pm**

_____ Pick-up by **5:00 pm**

_____ Pick-up by **6:00 pm**

NOTICE:

GLBA will contact you concerning field trips, change of plans, and upcoming events via EMAIL. Please check regularly for updates.

PICK-UP

Parents must come into the building when picking up their children from Summer Adventure Camp unless using 3pm carline.

Late Pickup: I understand that I will be charged (and agree to pay) a late pick-up fee of \$1.00 per minute for the first five minutes and \$5.00 per minute thereafter my agreed pick-up time. In the event of an emergency, I will call the school.

SNACKS

Please bring a lunch for your child. Refrigeration is provided for lunches (K2-K5). Microwaving is available as needed. All campers will receive a morning snack. Those enrolled in Extended Care past 4pm will also receive an afternoon snack.

PERMISSIONS

- I give my child permission to go on any field trip with GLBA Summer Camp and to ride the GLBA transportation.
- I give my permission to have my child's picture posted on the school website and social media.

Other persons authorized to pick up my child:

Name _____

Relationship _____ Phone _____

Name _____

Relationship _____ Phone _____

Name _____

Relationship _____ Phone _____

Name _____

Relationship _____ Phone _____

We have read the above stated policies and hereby agree to its terms:

EMERGENCY - PERMISSION FORM

Provider's Name: Gospel Light Baptist Academy **Date:** _____

Address: 5781 Roy Drive, Helena, AL 35080

Child's Name: _____

Hair Color: _____

Eye Color: _____

Birth Date: _____

Address: _____

Home Phone: _____

Mother's Name: _____ **Work Phone:** _____

Father's Name: _____ **Work Phone:** _____

Mother's Home Phone: _____ **Father's Home Phone:** _____

Emergency Contact: _____ **Phone:** _____

Child's Doctor: _____ **Phone:** _____

Insurance Company _____ **Policy #** _____

Allergies: _____

Medication: _____

Medical Condition: _____

Child's Dentist: _____ **Phone:** _____

It is the child care provider's policy to notify a parent when a child is ill or in need of medical attention. Occasionally we are unable to contact parents, and we need to get immediate help for the child.

Our procedure is to have the child taken to the nearest emergency service by ambulance. (Ambulance fee is the parent's responsibility.)

If an ambulance is not available, the child care provider/staff of the school will transport the child.

I hereby give permission to the child care provider/staff of Gospel Light Baptist Academy to make necessary transportation arrangements for my child who has become ill or injured.

Signature of parent/guardian

Signature of parent/guardian

Date

Date

Patient's Health History

Provider's Name: _____ Group/Practice Name _____

Type of Provider: Doctor Physician's Assistant Nurse Practitioner Location _____

Other than at birth, has the child been hospitalized? No Yes

Reason: _____

Location: _____ Age: _____

Has the child had any surgery? No Yes Describe: _____

Has the child had any x-rays? No Yes Describe: _____

It the child allergic to any of the following: (Please list type of reaction)

Medications No Yes _____

Injections No Yes _____

Foods No Yes _____

Other No Yes _____

Does the child take: Vitamins Iron Fluoride Other Medications _____

Has the child ever had any of the following: (Check as many as apply)

- | | |
|--|--|
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Cuts Requiring Sutures |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Loss of Consciousness |
| <input type="checkbox"/> Allergic rhinitis | <input type="checkbox"/> Accidentally Taken Medication or Poison |
| <input type="checkbox"/> Atopic Dermatitis (Eczema) | <input type="checkbox"/> Vision Problems - Wears Glasses |
| <input type="checkbox"/> Urinary Tract Infections | <input type="checkbox"/> Hearing Problems |
| <input type="checkbox"/> Pneumonia | <input type="checkbox"/> Frequent Headaches |
| <input type="checkbox"/> Croup | <input type="checkbox"/> Frequent Nose Bleeds |
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Chronic Cough |
| <input type="checkbox"/> Heart Murmur | <input type="checkbox"/> Frequent Stomach Ache |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Frequent Vomiting |
| <input type="checkbox"/> Hepatitis or Jaundice | <input type="checkbox"/> Frequent Diarrhea |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Constipation |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Bed Wetting |
| <input type="checkbox"/> Strep Throat or Scarlet Fever | <input type="checkbox"/> Dental Problems |
| <input type="checkbox"/> Broken Bones | <input type="checkbox"/> Chicken Pox |
| <input type="checkbox"/> Head Injuries | <input type="checkbox"/> Other _____ |

Was there any delay in the child's learning to: Sit Walk Talk

Does the child have difficulty in school with: Not in School Learning Behavior Other _____

How many days of school has the child missed in the past 6 months? _____

Describe the child's behavior by marking the appropriate category:

	No Problem	Minor Problem	Major Problem
Short Attention Span	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cannot Sit Still	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aggressive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unusually Quiet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overly Active	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extremely Poor Loser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty Getting Along With Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Concerns: _____



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I would like my child to attend the following weeks of Summer Adventure Camp at Gospel Light Baptist Academy and I will be financially responsible for these weeks, even if my child does not attend. No reductions are allowed for absences or holidays.

Please initial on the line next to each week you would like your child to attend.

_____ June 2-6

_____ June 9-13

_____ June 16-20

_____ June 23-27

_____ June 30 -July 3 (Friday is Independence Day)

_____ July 7-11

_____ July 14-18

_____ July 21-24 (M-R) We are closed Friday, July 25

_____ July 28-August 1

Child Name _____

Parent Name _____

Parent Signature _____

Date _____