



# 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)

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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. My child needs a carseat to travel in the van: YES\_\_\_\_\_ NO\_\_\_\_\_
  - o It is the parent's responsibility to provide a carseat on field trip days.
- 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 \_\_\_\_\_

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

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

## 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                 | 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 to register your child for:

\_\_\_\_\_ June 1-5

\_\_\_\_\_ June 8-12

\_\_\_\_\_ June 15-19

\_\_\_\_\_ June 22-26

\_\_\_\_\_ June 29-July 3

\_\_\_\_\_ July 6-10

\_\_\_\_\_ July 13-17

\_\_\_\_\_ July 20-23 (M-R) We are closed Friday, July 24

\_\_\_\_\_ July 27-July 31

Child Name \_\_\_\_\_

Parent Name \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_