| Regency Christian Academy2016 Summer Camp Registration Form | | | | |
| --- | --- | --- | --- | --- |
| How Did You hear about rca? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| **Child’s Grade**  **\_\_\_\_\_\_K5 \_\_\_\_\_1st \_\_\_\_\_2nd \_\_\_\_\_3rd \_\_\_\_\_4th \_\_\_\_\_5th** | | | | |
| Student Information | | | | |
| Name (Last, First, Middle): | | | | Sibling# \_\_\_\_\_ of \_\_\_\_\_\_ |
| Goes By: | | Parent Cell#: | | |
| Parent E-mail: | | | | |
| Gender: | | Student SS#: | | |
| Date of Birth: |  | | | |
| Church Affiliation: | | | | |
| Medical Information | | | | |
| **Doctor:** | **Dentist:** | | Insurance: \_\_\_\_\_Yes \_\_\_\_\_ No | |
| Dr. Address: | DDS Address: | | Group#: | |
| Dr. Phone#: | DDS Phone#: | | Ins#: | |
|  | | | | |
| Allergies: | | | | |
|  | | | | |
| Medicines Taking: | | | | |
|  | | | | |
| Current Address: | | | | |
| City: | State: | ZIP Code: | | |
| Home Phone: | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| family Information | | | | | | | |
| **Father’s Name:** | | | Student Resides With: \_\_\_\_\_Yes \_\_\_\_\_No | | | | |
| Current Address: | | | | | | | |
| City: | State: | | | | ZIP Code: | | |
| E-mail Address: | | | | | | | |
| Cell Phone: | Home Phone: | | | | | | |
| SS#: | Driver’s License#: | | | | | | |
| Employer: | Occupation: | | | Work Phone: | | | |
| Birthdate: |  | | | | |  | |
| Marital Status: | Spouse: | | | | | | |
| **Mother’s Name:** | | | Student Resides With: \_\_\_\_\_Yes \_\_\_\_\_No | | | | |
| Current Address: | | | | | | | |
| City: | State: | | | | ZIP Code: | | |
| E-mail Address: | | | | | | | |
| Cell Phone: | Home Phone: | | | | | | |
| SS#: | Driver’s License#: | | | | | | |
| Employer: | Occupation: | | | Work Phone: | | | |
| Birthdate: |  | | | | | | |
| Marital Status: | Spouse: | | | | | | |
| DISCHARGE/Emergency Contact INformation | | | | | | | |
| **Any changes to this list must be received in writing.**  **Persons permitted to remove child from RCA: Mother:** \_\_\_\_\_Yes \_\_\_\_\_No **Father:** \_\_\_\_\_Yes \_\_\_\_\_No  **In case of illness or emergency, an attempt is made to contact parents/guardians. In the event parents/guardians cannot be reached, please advise other person(s) who should be notified or**  **who can remove the child from Regency Christian Academy:** | | | | | | | |
| 1. Discharge Contact \_\_\_\_\_\_\_\_ Emergency Contact \_\_\_\_\_\_\_ | | | | | | | |
| Name: | | Relationship: | | | | | Phone: |
| Address: | | | | | | | Cell Phone: |
| City, State ZIP | | | | | | | Work Phone: |
| Driver’s License #: | | | | | | | |
| 1. Discharge Contact \_\_\_\_\_\_\_\_ Emergency Contact \_\_\_\_\_\_\_ | | | | | | | |
| Name: | | Relationship: | | | | | Phone: |
| Address: | | | | | | | Cell Phone: |
| City, State ZIP | | | | | | | Work Phone: |
| Driver’s License #: | | | | | | | |
| 1. Discharge Contact \_\_\_\_\_\_\_\_ Emergency Contact \_\_\_\_\_\_\_ | | | | | | | |
| Name: | | Relationship: | | | | | Phone: |
| Address: | | | | | | | Cell Phone: |
| City, State ZIP | | | | | | | Work Phone: |
| Driver’s License #: | | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
|  | | | |
| **Other Children in the Home:** | | | |
| Name: | Age: | Grade: | School Attending: |
| Name: | Age: | Grade: | School Attending: |
| Name: | Age: | Grade: | School Attending: |
| Explain any specific classroom needs your child might have that you would like considered in his/her placement in a class (i.e., personality type, emotional or physical needs, type of teacher, language, learning style): | | | |

|  |  |
| --- | --- |
| parent signature | |
| I hereby acknowledge that the information provided on this Enrollment Form is true and accurate. I  understand that any misrepresentation of information could result in the immediate withdrawal of my  child from Regency Christian Academy. | |
| Parent/Guardian Signature: | Date: |
| Parent/Guardian Signature: | Date: |

**RCA does not discriminate on the basis of race, color, religion or nationality in the admission of students.**

**\* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* OPTIONAL \* \* \* \* \*** \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \*

**The following survey is not an entrance requirement for this school**

Regency Christian Academy is listed as a private school in the State of Florida. The National Center for Education Statistics (NCES) of the U.S. Department of Education requests percentage breakdowns in various areas, among them race / cultural origin. We voluntarily submit numerical information on a yearly basis. The data is used to develop a profile of providers of private education in the United States.

The enrolled student is:

□ American Indian or Alaska Native (Aleut, Alaska Indian, Yupik, Inupiat).

□ Asian or Pacific Islander (Japanese, Chinese, Filipino, Korean, Asian Indian, Vietnamese,

Hawaiian, Guamanian, Samoan, other Asian).

□ Hispanic, regardless of race (Mexican, Puerto Rican, Cuban, Central or South American or

other Hispanic culture or origin).

□ Black, not of Hispanic origin.

□ White, not of Hispanic origin.

□ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Regency Christian Academy***

PARENT PERMISSION & AUTHORIZATION FORM

2016 Summer Camp

**Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Grade: \_\_\_\_ Age: \_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_M \_\_\_\_F Social Security #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**School Health Service Consent**

* I hereby give consent for my child to receive simple first aid treatment for minor scraps, bruises, etc. by the staff of Regency Christian Academy. An Accident/Incident form will be submitted to me at the time my child is picked up explaining the accident or incident, and the treatment that was administered. Only medication, including non-prescription topical treatments, from the parent/guardian with an Authorization for Medication form will be given to a student at RCA.
* In case of an accident or illness, where medical treatment is not needed, but where my child is unable to remain at school, I request the school to contact me (us). If I am unable to be reached, one of the persons listed as an Emergency Contact on my Enrollment Form may be contacted to pick up my child from school.
* In the event of a serious or life threatening accident or illness, I request the school to contact me (us) first. If the school is unable to reach me (us), I understand that the school will contact the 911 emergency medical system immediately. I agree to be financially responsible for this child’s care and treatment.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Signature of Parent/Guardian Date Witness Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian Date

**In the event of any emergency, RCA will access the 911 Emergency System. If you would like to give them advance permission to begin transport and treatment of your child, please sign the following statements:**

**Permission to Transport Statement**

I do hereby state that I am the parent or guardian of the child named on this form. In order to expedite care of this child, I hereby give my permission for the responding emergency team to immediately initiate treatment and transport of my child to the preferred or appropriate medical facility, according to what they deem is appropriate by the nature or extent of the injuries. I agree to be financially responsible for this child’s treatment and transport. I will notify the school of any changes of this information in writing.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Signature of Parent/Guardian Date Witness Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian Date

**Permission to Treat Statement**

I do hereby state that I am the parent or guardian of the child named on this form. In order to expedite care of this child, I give my permission for the appropriate medical personnel and staff to initiate treatment immediately upon arrival to the appropriate facility. I agree to be financially responsible for this child’s treatment. I also request that I be notified of my child’s condition and admission as soon as possible.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Signature of Parent/Guardian Date Witness Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian Date

**Parental Consent Form**

**Photography, Media and Website**

During camp there are occasions when photographs of your child may be taken by Regency Christian Academy or South Orlando Baptist Church staff. Your authorization to use photo/s of your child in publications (brochures, programs, newsletters, etc.) is requested. Please sign the photography section to provide RCA with consent for photo usage.

**Websites**

The Regency Christian Academy website ([www.rcaschool.com](http://www.rcaschool.com)) and the South Orlando Baptist Church’s website ([www.southorlandobaptist.org](http://www.southorlandobaptist.org)) contains web pages for our organization. This tool is used to help the community learn more about our organizations and allows us to highlight achievements and activities. Anyone with the internet is able to access these pages from virtually anywhere in the world. Individual or group photos may be used on our website to showcase events. Please sign the website section to provide the organization with consent for use of photo/s on our web pages.

**Security Cameras**

RCA has installed security cameras in the preschool classrooms for parents to access via the internet. Each parent with a child in the same preschool class will see all students participating within the classroom.

**Consent**

Signing this form will be deemed as consent for Regency Christian Academy and South Orlando Baptist Church to allow your child to participate as specified below for the RCA 2012 Summer Camp.

PLEASE COMPLETE THE FOLLOWING:

I, (print name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, parent or official guardian of

(Child’s name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby grant permission to Regency Christian Academy, its employees or representatives, to take and use:

\_\_\_\_\_\_ Photographs/digital images

\_\_\_\_\_\_ Videotape

\_\_\_\_\_\_ Audio recording or quoted remarks of my child for use in promotional or educational materials as follows:

\_\_\_\_\_\_ Printed publications or materials

\_\_\_\_\_\_ Electronic publications or presentations

\_\_\_\_\_\_ Web sites

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Signature of Parent/Guardian Date Witness Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian Date