



Porter Academy

200 Cox Road, Roswell, GA 30075
Tel (770) 594-1313 Fax (770) 594-1771
www.porteracademy.org

2012 Summer Camp Enrollment Application

Student Name _____ Date of Birth _____

Parent's Names _____ email _____

Address _____ City _____ Zip _____

Home Phone _____ Mobile Phone _____ Work Phone _____

Current School _____ Grade _____

| Week | Dates | Theme | Morning 9am-12:30pm | Full Day 9am-3pm | Cost |
|--|-------------------|--------------------|----------------------------------|----------------------------------|----------|
| 1-5 | June 11 - July 13 | Full 5 weeks | <input type="checkbox"/> \$1,250 | <input type="checkbox"/> \$1,750 | \$ |
| - OR - | | | | | |
| 1 | June 11-15 | Fun and Fitness | <input type="checkbox"/> \$275 | <input type="checkbox"/> \$375 | \$ |
| 2 | June 18-22 | 5 Senses Science | <input type="checkbox"/> \$275 | <input type="checkbox"/> \$375 | \$ |
| 3 | June 25 - 29 | Circus Fun | <input type="checkbox"/> \$275 | <input type="checkbox"/> \$375 | \$ |
| 4 | July 2-6** | Holiday Hullabaloo | <input type="checkbox"/> \$250 | <input type="checkbox"/> \$350 | \$ |
| 5 | July 9-13 | Myths and Legends | <input type="checkbox"/> \$275 | <input type="checkbox"/> \$375 | \$ |
| Extended Day: Additional Form Upon Request | | | | | |
| Total Amount | | | | | \$ |
| Reservation Deposit – due with registration | | | | | \$ – 200 |
| Balance Due | | | | | \$ |

** Note: No camp on July 4th

Enrolling your child is a commitment to pay in full for the registered weeks. Half payment is due by May 1, 2012 and full payment is due by June 1, 2012. Payment may be made by credit card, with processing fees of 2%-Discover, 2.5%-MasterCard/Visa and 3%-American Express added to your payment.

Your child's picture will NEVER be used without your permission. We NEVER include the child's name with the picture.

_____ YES, Porter Academy may use my child's picture on their website and in marketing materials.

_____ NO, Porter Academy may NOT use my child's picture in their website or marketing materials.

I understand and agree that the staff will take care of minor injuries. When a child is injured the first priority will be to attend to the child and apply first aid. If the injury is serious we will call 911 and immediately call the parent. If an ambulance is necessary, we will request transportation to a hospital. If the parent has not reached the school by the time of transport, a staff member will accompany the child with a copy of this authorization form. In the case of accidental poisoning, a call will be placed to the Poison Control Center (404) 616-9000 for instructions. An Accident Report will be completed by staff members supervising the child at the time of the accident and placed in the child's permanent file.

Signature of parent

Date

A non-refundable deposit of \$200 to Porter Academy must accompany this application.

Porter Academy, Inc. does not discriminate in any way on the basis of race, color, gender, religion, or national or ethnic origin.

Medical/Emergency Information

Pediatrician _____ Phone _____

Other Medical _____ Phone _____

Allergies - List any medical or food allergies, along with the symptoms and reactions:

Health History/Medical Concerns - List any major illness, chronic problems, ADHD, etc.:

Current Medication - List all medications your child is currently taking:

| Medication | Dosage | Time Given | MD | Reason |
|------------|--------|------------|-------|--------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

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Emergency Contact #1 _____ Relationship _____

Home Phone _____ Mobile Phone _____ Work Phone _____

Emergency Contact #2 _____ Relationship _____

Home Phone _____ Mobile Phone _____ Work Phone _____

Emergency Contact #2 _____ Relationship _____

Home Phone _____ Mobile Phone _____ Work Phone _____

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The following people have permission to pick up my child from camp:

Name _____ Relationship _____

Home Phone _____ Mobile Phone _____ Work Phone _____

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Name _____ Relationship _____

Home Phone _____ Mobile Phone _____ Work Phone _____

.....
Name _____ Relationship _____

Home Phone _____ Mobile Phone _____ Work Phone _____

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