###### **Porter Academy**

200 Cox Road, Roswell, GA 30075

Tel (770) 594-1313 Fax (770) 594-1771

www.porteracademy.org

**2018 Summer Camp Enrollment Application**

###

### Student Name Date of Birth

Parents 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 | June11 –July 13 | Full 5 weeks | **[ ]** $1,250 | **[ ]**  $1,750 | $ |
| **- OR -** |
| 1 | June 11-15 | Barnyard Blast | [ ]  $275 | [ ]  $375 | $ |
| 2 | June 18-22 | Creative Construction | [ ]  $275 | [ ]  $375 | $ |
| 3 | June 25-29 | Where the Wild Things Are | [ ]  $275 | [ ]  $375 | $ |
| 4 | July 2-6\*\* | American Vacation | [ ]  $250 | [ ]  $350 | $ |
| 5 | July 9-13 | Bug’s Life | [ ]  $275 | [ ]  $375 | $ |
|  |  |  |  |  |  |
| **Extended Day**: 3:15- 5:30 $10.00 per hour |  |  |  |
| 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, 2018 and full payment is due by June 1, 2018. 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.

Please indicate whether you give permission for us to use your child’s photo. We NEVER include the child’s name with the picture.

##  YES, Porter Academy may use my child’s photo on their website and in marketing materials.

##  NO, Porter Academy may NOT use my child’s photo 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 then call the parent. If the parent has not reached the school by the time transportation arrives, 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 does not discriminate in violation of the law on the basis of gender, race, religion, creed, color, sexual orientation, age, physical challenge, or nation of origin.*

**Medical/Emergency Information**

Pediatrician Phone

Other Medical Phone

**Allergies** - List all environmental, medical or food allergies, along with the symptoms and reactions:

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

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

 Medication Dosage Time Given MD Purpose

**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

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

Name Relationship

Home Phone Mobile Phone Work Phone

Name Relationship

Home Phone Mobile Phone Work Phone

Name Relationship

Home Phone Mobile Phone Work Phone