



Porter Academy

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

2019 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	June 10 – July 12	Full 5 weeks	<input type="checkbox"/> \$1,250	<input type="checkbox"/> \$1,750	\$
- OR -					
1	June 10-14	Grateful Gardening	<input type="checkbox"/> \$275	<input type="checkbox"/> \$375	\$
2	June 17-21	African Safari	<input type="checkbox"/> \$275	<input type="checkbox"/> \$375	\$
3	June 24-28	Fiesta Fun	<input type="checkbox"/> \$275	<input type="checkbox"/> \$375	\$
4	July 1-5**	Going Green	<input type="checkbox"/> \$250	<input type="checkbox"/> \$350	\$
5	July 8-12	Up, Up & Away	<input type="checkbox"/> \$275	<input type="checkbox"/> \$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, 2019 and full payment is due by June 1, 2019. 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
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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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 _____

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Name _____ Relationship _____

Home Phone _____ Mobile Phone _____ Work Phone _____

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