

2018 Summer Application

K2-Rising 8th grade



Mail Application:
 Grace Academy
 Admissions Office
 6725 Hwy 152 E
 Rockwell, NC 28138

 704.279.6683

Office Use: Date App Rec. _____
 App Fee: Paid \$ _____ Ck# _____ Cash _____
 Credit Card: __MC __Visa __Debit __Waived
 Finance manager Int. _____

 Admissions Int. _____ Date Complete _____
 Notes:

Student Information: *Please print all information clearly*

Last Name: _____ First Name: _____ M.I.: _____

Mailing Address: _____ City: _____ State: _____

Zip code: _____ Telephone Number: (____) _____ Date of Birth: _____

Gender: Male Female Race: _____

Grade entering for 2018-2019: Is the Camper: New or Returning

Does the Camper have a sibling enrolling: No or Yes Name _____ Age _____

How did you hear about us? _____

Parent Information: *PLEASE PRINT CLEARLY*

Parent / Guardian 1:

Parent / Guardian 2:

Name:	Name:
Relationship to Camper:	Relationship to Camper:
Cell Phone:	Cell Phone:
Email Address:	Email Address:
Employer:	Employer:
Work Phone:	Work Phone:

Check which camp your child is enrolling in.

Check Box **Playschool: (Ages 2 years to 5 years)**

Check Box **Day Camp (Rising 1st grader to rising 8th grade)**

<input type="checkbox"/>	K2 3 DAY- HALF DAY	<input type="checkbox"/>	Rising 1 st Grade
<input type="checkbox"/>	K2 3 DAY- FULL DAY	<input type="checkbox"/>	Rising 2 nd Grade
<input type="checkbox"/>	K2 5 DAY- HALF DAY	<input type="checkbox"/>	Rising 3 rd Grade
<input type="checkbox"/>	K2 5 DAY- FULL DAY	<input type="checkbox"/>	Rising 4 th Grade
<input type="checkbox"/>	K3 3 DAY- HALF DAY	<input type="checkbox"/>	Rising 5 th Grade
<input type="checkbox"/>	K3 3 DAY- FULL DAY	<input type="checkbox"/>	Rising 6 th Grade
<input type="checkbox"/>	K3 5 DAY- HALF DAY	<input type="checkbox"/>	Rising 7 th Grade
<input type="checkbox"/>	K3 5 DAY- FULL DAY	<input type="checkbox"/>	Rising 8 th Grade
<input type="checkbox"/>	K4/5 3 DAY- FULL DAY	<input type="checkbox"/>	
<input type="checkbox"/>	K4/5 5 DAY- HALF DAY	<input type="checkbox"/>	
<input type="checkbox"/>	K4/5 5 DAY- FULL DAY	<input type="checkbox"/>	

Camper Name: _____

Grandparent Contact 1 ___ Check if none

Grandparent Contact 2

Name:	Name:
Relationship to Camper:	Relationship to Camper:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Work Phone:	Work Phone:

Grandparent Contact 3

Grandparent Contact 4

Name:	Name:
Relationship to Camper:	Relationship to Camper:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Work Phone:	Work Phone:

Household Information:

Who has custody or legal guardianship of the camper? _____

Are there any custody issues? No Yes, If Yes please explain _____

Please provide the main office with a copy of custody documents if applies.

Behavioral Issues to be aware of:

Please list if any:

Camper Name: _____

Camper Interests: *(PLEASE complete questions below to help the staff to get to know your child better.)*

What does your child like to do?

What does your child dislike to do?

What things **upset** your child?

How does he / she express anger or frustration?

Transportation Information: *(PLEASE NOTE: We will attempt to contact Parents/Guardians FIRST, but we MUST have 2 contacts that are not the parents/ guardians that are able to transport your child if you are not available.)*

Transportation Contact 1

Transportation Contact 2

Name:	Name:
Relationship to Camper:	Relationship to Camper:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Work Phone:	Work Phone:

ALERT: List anyone who DOES NOT have permission to pick your child up.

Name:

Relationship to child:

Emergency Contact Information: (PLEASE NOTE: This can be different than the transportation contacts. We will attempt to contact Parents/Guardians FIRST, but we MUST have **2 contacts** that are not the parents/guardians that are able to transport your child **in case of emergency.**)

Emergency Contact 1

Emergency Contact 2

Name:	Name:
Relationship to Camper:	Relationship to Camper:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Work Phone:	Work Phone:

General Allergies: Check Box if None Does Not Apply

Dust (please specify): _____

Reaction: _____ Treatment: _____

Mold (please specify): _____

Reaction: _____ Treatment: _____

Insect (please specify): _____

Reaction: _____ Treatment: _____

Animal (please specify): _____

Reaction: _____ Treatment: _____

Seasonal (please specify): _____

Reaction: _____ Treatment: _____

Other (please specify): _____

Reaction: _____ Treatment: _____

Latex Allergy

Reaction: _____ Treatment: _____

Sunscreen or PABA Allergy

Reaction: _____ Treatment: _____

Allergies to Food: (For Example: lactose, dye allergy, specific food)

Reaction: _____ Treatment: _____

Reaction: _____ Treatment: _____

Reaction: _____ Treatment: _____

Special Dietary Needs:

Check Box if Does Not Apply

Lactose Intolerant _____

Vegetarian _____

Food Restrictions _____

Disability / Diagnosis: (Check all that apply) Please check box if section does not apply

- Epilepsy / Seizures – Type of Seizure: _____ Date of Last Seizure: _____
- ADHD - Attention Deficit Hyperactive Disorder
- ADD – Attention Deficit Disorder
- Asthma - Allergic Rhinitis Exercise Induced Other: _____
- Autism – Level 1 Level 2 Level 3 Other: _____
- Down Syndrome
- Fine Motor Skills Delay
- Gross Motor Skills Delay
- Hearing Disabilities - Partial Hearing Loss Total Hearing Loss Cochlear Implant Uses Hearing Aids
- Heart Condition - Heart Defect Murmur Hypertension Other: _____
- Multiple Sclerosis
- Speech / Language Delay
- Speech / Language Impairment
- Vision Disabilities - Glasses Contact Lenses Legally Blind Nystgmus Visually Impaired
- Other: _____

Permission Page: (Please Note: This page must be completed and signed for your application to be processed.)

Pool Usage information: (SUMMER DAY CAMPERS ONLY)

Is your child allowed to participate in life guard supervised time in our pool? Yes No

If No, Can you explain: _____

Check One: Swimmer ___ or Non-Swimmer ___

Please describe any concerns, restrictions or adaptations regarding your child’s time in our pool: _____

Does the child have ear tubes? Yes No

Program Information:

Can Grace Academy use your child’s name, photograph, and / or video for publicity purpose? Yes

The Application was completed by: (print name): _____ Signature: _____ Date: _____ Relationship to Applicant: _____

Camper Name: _____



Thank you for your interest in sending your child to Grace Academy this summer!!

- Please Note:**
1. Camper acceptance and placements are on a first come, first serve basis.
 2. Only **completed** application packets will be processed.
 3. Campers must be between **ages 2 years old to rising 8th grade**.

A completed application includes:

- Application packet – all pages completed
- \$50 “FAMILY” application fee – *Check, Cash, or Credit Card*
- Completed Consent & release Forms

Submit Separately (can be submitted via fax, mail, or email)

- Physical and Immunization Forms
- Copy of Birth Certificate (Preschool ages)

PARENT CONSENT AND RELEASE FORMS (Please read carefully and sign all areas)

PHOTO RELEASE FORM

I understand the student listed on this application is requesting permission to

1. Be photographed or videotaped for school related activities and functions.
2. Have work published on the School Web-Site, School Brochures, or Newspaper Articles. If your child’s name will be used, they will be identified by first name and first initial of last name.

I/we have read, understand and agree to the above policy of Grace Academy. I/we also understand that this consent form will remain on file for the academic school year and extended dates, beginning June 1, 2018 through August 31, 2019.

Play Outside the Fenced Area (NOTE: PRESCHOOL STUDENTS ONLY)

In addition, if the facility has planned activities (nature walk, sidewalk chalk, etc...) outside the fenced area of the facility I must give permission to Grace Academy.

This authorization is valid from June 1, 2018 to August 31, 2019.

Parent Signature Required for Discipline Policy from Student Handbook:

North Carolina State regulations for childcare licensing states, the parent must read and sign a statement acknowledging that they have read the discipline policy of Grace Academy. Please sign below and return the bottom portion to the office. If you have any questions, please feel free to discuss them with the teacher or director. Parents will be given a 30 day written notice if the discipline policy changes for any reason. ****See Student Handbook for additional information****

I, the undersigned parent/guardian do hereby state that I have read and received a copy of Grace Academy's Discipline and Behavior Management Policy.

This authorization is valid from June 1, 2018 to August 31, 2019.

Summary of the North Carolina Child Care Law and Rules from Student Handbook:

Note: Please read carefully the NC Law and Rules and sign below:

I, the undersigned parent/guardian do hereby state that I have read and received a copy of the Summary of the North Carolina Child Care and Law and Rules.

TRAVEL AND ACTIVITY AUTHORIZATION

This is a blanket permission for all given activities for Grace Academy within the school year of 2018-2019 with extended dates from June 1, 2018- August 31, 2019.

I give my permission to Grace Academy for my child to participate in the following activities: Scheduled trips and field trips by facility owned bus/van and away from the facility during the 2018-2019 school year. *Exception: Two year olds DO NOT attend any off site events or trips.

(Explain planned activity—where and when)

I understand that the facility will use the appropriate child restraint devices (if required by law) and abide by all the safety rules in Rule.1000 NCCCD when my child is transported in a vehicle, other than the bus. The facility will also notify me each time that my child is to participate in an activity that would involve transportation. This authorization is valid from June 1, 2018 to August 31, 2019.

PARENT AGREEMENT

Upon enrolling my child at Grace Academy, I agree to abide by the policies outlined in the student handbook and other policies that might be instated as the year progresses.

- I/we agree to abide by all financial policies, all forms of discipline, methods of study, courses of study, and any rules and regulations so stated or implied.
- I/we agree to pay tuition and fees when due. Tuition is due by the 1st of the month. **Any tuition received after the 10th of a month is subject to a \$25 late fee. All fees are non- refundable and non-transferable.**
- Unpaid balances cannot be carried over from one month to the next. If your account becomes two months past due, your child may be subject for dismissal.
- **Tuition is non-refundable if the student has been to school any day during the month, or if a 2 week written notice of withdrawal has not been submitted to the Finance Director.** Exception will be made if the account has been paid in full for the school year.
- **A 2 WEEK NOTICE IS REQUIRED IF YOUR CHILD IS TO BE WITHDRAWN FROM OUR PROGRAM. THE PARENT OR GUARDIAN IS RESPONSIBLE FOR THE 2 WEEK TUITION PERIOD EVEN IF THE CHILD IS NOT IN ATTENDANCE.**
- ****Preschool Students Only**** DSS/TAA/RCCC Accounts – The parent is responsible for the parent fee set by DSS/TAA/ RCCC and the remaining balance of your child's monthly tuition that DSS/TAA/RCCC does not cover.
- I/we agree to abide by the judgment and decisions of the administration concerning my child.

- There will be a \$35.00 NSF fee on all returned checks, regardless of the reason for the return. After two returned checks, account will be on a **cash only** basis. All NSF checks and fees should be taken care of within one week of being returned or your child will be subject to dismissal.
- I/we understand that Grace Academy will teach that the Bible is the inspired word of God, that it is without error, and that it is our guide for all areas of human living.
- I/we understand that Grace Academy will cooperate with the home by reporting the progress of the child(ren) and by holding conferences with parents. We agree to support the school by our participation in the conferences and programs which pertain to our child.
- I/we understand that children will be encouraged to perform to the best of their ability in academic work, as well as in all other endeavors. We will therefore provide the support and cooperation necessary to create an enhanced learning environment.
- I/we understand our need to set a good example for our children by being prompt, by supporting school policies, and by supporting the classroom teacher. We will attempt to set a positive tone in developing attitudes regarding school. We will therefore refrain from making negative comments to our children or to other parents; we will take our concerns to the teacher first and then to the administration if necessary. If our dissatisfaction is still unresolved, we will quietly remove our child from the school.
- I/we understand that a child may be dismissed if he/she becomes a disruptive influence in the spiritual life or educational process of the school or if he/she does not respond positively to the programs of the school.
- I/we understand our cooperation is expected in prompt tuition payment, occasional special fees (field trips), practical help and faithful prayer. We understand that failure to make payments as necessary may result in the dismissal of our child from the school.

I/we have read and agree to abide by the Parent Financial Agreement of Grace Academy.

Signature _____ Date _____

CONSENT AND RELEASE FORM

I, the undersigned parent or guardians, hereby consent to my child to participate in all age appropriate activities at Grace Academy, an event sponsored by Grace Bible Church during the **2018/2019** school year and extended period of June 1, 18-August 30, 19. I certify that my child is able to participate in activities, which include: indoor games, use of playground equipment or as a passenger in vehicles used for transportation arranged by Grace Academy. If my child has medical conditions, which may be relevant to a physician in the event of an emergency, I have listed them below. In the event an emergency occurs, I may be reached at the telephone number listed below. If I cannot be reached, I hereby authorize Grace Academy to make emergency medical decisions for my child. If there are any activities I do not want my child to be involved in, I have listed them below.

I UNDERSTAND AND HEREBY AGREE TO ASSUME ALL OF THE RISKS WHICH MAY BE ENCOUNTERED ON SAID ACTIVITY, INCLUDING ACTIVITIES PRELIMINARY AND SUBSEQUENT THERETO. I do hereby agree to hold Grace Bible Church/Grace Academy and its counselors and employees, harmless from any and all liability, actions, causes of actions, claims, expenses, and damages on account of injury to my child or property, even injury resulting in death, which I now have or which may arise in the future in connection with the activity or participation in any other associated activities.

I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the law of the State of North Carolina and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto and the terms of this release are contractual and not a mere recital.

I further state that **I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT.** This is a legally binding agreement which I have read and understand.

GUIDELINES SLIP

I have read and understand the guidelines within Grace Academy Student Handbook. I have also discussed the guidelines with my child and I am in agreement with them. I will do my best to support the program I am enrolling my child in.

Signature _____ Date _____