

New Covenant Fellowship Church

Summer Academy 2008

Registration Forms

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Registration Form

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Liability Form

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Video/Photo Consent, Waiver and Release Form

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Camp Fee Agreement Form

NCFC Summer Academy Registration Form

Application Submission Date: _____

2008 summer

STUDENT INFORMATION

Student Name: _____ Sex: _____ Age: _____

First

M.I.

Last

D.O.B.: _____ Social Security No.: _____ Current Grade: _____

Church Affiliation: _____

Member: Yes ☐ No ☐Please indicate: ☐ Right-handed ☐ Left-handed

PARENT / GARDIAN INFORMATION

 Parent/Guardian Name 1 Relationship U.S. Citizen ☐ Permanent Resident ☐

 Street Address and Number Home Phone

 City State () - ZIP code

 Employer Name and Address Employer Phone No.
 Lives with Child? Yes ☐ No ☐

 Parent/Guardian Name 2 Relationship U.S. Citizen ☐ Permanent Resident ☐

 Street Address and Number Home Phone

 City State () - ZIP code

 Employer Name and Address Employer Phone No.
 Lives with Child? Yes ☐ No ☐

ACADEMY SESSION REGISTRATION

Check the box that corresponds to the session(s) that your child will be attending. The only way to hold a space for your child for the particular session(s) is to pay the deposit. You need to pay only one deposit payment per student per registration. Please, indicate if you will need morning care, afternoon care, or before & after school care. If you cannot pickup by 3:20 pm, please sign up for afternoon extended care.

Sessions: ☐ 1 ☐ 2Extended Care: ☐ Morning Extended Care ☐ Afternoon Extended Care ☐ Before & After Camp Care

Student Name: _____

STUDENT'S MEDICAL / EMERGENCY CARE AND PICK UP INFORMATION

Does your child suffer from any medical problems, physical limitation or disabilities of which the school should be aware? (I.e., asthma, allergies, epilepsy, A.D.D., etc.) Yes ☐ No ☐

If yes, please explain: _____

Does your child take medication on a regular basis? _____ Will this be administered during school hours? _____

Student's Primary Care Physician: _____

Address: _____

MEDICAL RELEASE: Your signature below authorizes the New Covenant Fellowship Church to contact (at your expense) the physician listed to render necessary emergency treatment for serious injury or accident if neither parent/guardian can be reached. This further authorizes the New Covenant Fellowship Church to take your child to a local physician of the church's choice if your physician is not available. In the event that emergency treatment is necessary, the New Covenant Fellowship Church will be held harmless in all decisions. In case of disaster your child will only be released to those persons listed in the emergency information section.

All prescription medications **must** be brought to the school office with a completed Medication Permission Form.

Please Note: The School Office will **ONLY** administer non-prescription medications, (i.e. Pepto Bismol, Tylenol, Advil, and Aspirin), if a note is on file in the school office.

If parent(s) cannot be reached (following persons are also authorized to pickup my child) I.D. WILL BE REQUIRED:

1. Name: _____ Home #: _____ Relationship: _____

Work #: _____

2. Name: _____ Home #: _____ Relationship: _____

Work #: _____

3. Name: _____ Home #: _____ Relationship: _____

Work #: _____

Last school/childcare attended: _____

Name

Street Address _____ City _____ State _____ ZIP Code _____

Has student ever had any disciplinary problems? Yes ☐ No ☐

If yes, please explain: _____

Do you wish to be covered by the Student Accident Insurance policy? Yes ☐ No ☐

If your child is NOT covered under your personal insurance, you are required to obtain the School Accident Insurance.

How did you hear about NCFC Summer Academy? _____

_____/_____/_____
Date

Parent/Guardian Signature

Student Name: _____

LIABILITY AGREEMENT

I _____, parent/guardian of _____,

Parent/guardian name Student name

grant permission for my child to attend and participate in all NCFC Summer Academy 2008 activities, on and off the school premises, during academy hours from 9:00 am to 3:20 pm extended care from 7:00 am to 6:30 pm. I realize that safely precautions will be taken and that my child will be supervised, but that the New Covenant Fellowship Church assumes no liability for injury or damages incurred. In the event that I cannot reach in a timely manner, I give permission for my child to receive emergency medical treatment, as necessary, and I want to be notified immediately. Any debt incurred will be the responsibility of the parent/guardian.

____/____/____

Date

Parent/Guardian Signature

VIDEO / PHOTO CONSENT, WAIVER AND RELEASE
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_____ I hereby give consent for my child to be photographed, video-taped, or interviewed for possible use in newspapers, television, radio broadcasts, church web sites, and church publications.

_____ I agree that use of a photograph or photographs does not constitute in any manner a waiver of NCFC Summer academy policies, program, or rules nor does continued use constitute an agreement to continue the child's enrollment.

_____ I hereby request that my child **NOT** be photographed, video-taped, or interviewed for possible use in newspapers, television, radio broadcasts, church web sites, and church publications.

____/____/____

Date

Parent/Guardian Signature

Student Name: _____

ACADEMY FEE AGREEMENT

I _____, hereby agree to pay NCFC Summer Academy fees for the above-named child as outlined below.

- ❖ Session fee for each session is **\$385.00**.
- ❖ Payment for each session, due June 2, 2008 for Sessions I and July 1, 2008 for Sessions II. \$ 100.00 deposit will be deducted from the first payment.
- ❖ Activity fee is collected on the day of payment of session fee based on the cost of field trips of the session.

* There is a deposit of \$100.00 required at the time of registration which is applied towards the camp fee.

< Fee payment regulations >

1. A late fee of \$30.00 will be added if Academy fee is not paid by the 5th of the month.
2. Attendance privileges will be suspended if Academy fee is not paid by the 15th of the month.
3. Academy fee only covers 6 weeks of summer.

Furthermore, I understand the NCFC Summer Academy's financial policies as outlined below:

- ❖ A \$25.00 fee will be assessed for the returned checks. After two returned checks, cashier's check or money order will be required for any and all payments. Parent/Guardian hereby agrees that should the account fall into default status either state's legal maximum interest or 1.5% monthly shall be assessed. In addition, Parent/Guardian agrees to pay NCFC all collection agency and attorney fees incurred in bringing account current. Act of default accelerates payments to be due immediately, as credit is no longer extended.
- ❖ A child who is registered for the entire session and does not finish the full term will be charged same as a session student's fee.
- ❖ A late pick up fee will be assessed as \$5.00 for each 5-minute increment of time (or portion thereof) after 3:20pm, or 6:30pm. Late fees will be payable IN CASH at the time the child is picked up.

_____/_____/_____

Date

Parent/Guardian Signature

\$ 100.00 Deposit Paid by Cash _____ Check # _____ : Received by _____
