

A GIFT FROM HEAVEN ACADEMY

4195 Welcome All RD, College Park, GA 30349

Summer Camp Enrollment Form

New Enrollment: _____

Start Date: _____

Re-Enrollment: _____

Location: College Park

CHILD'S INFO

Child's Full Name _____

Last

First

Middle

Address _____

City/State _____ Zip _____ Sex: M ___ F ___ Age _____ Birth Date _____

Current School Attending _____ Grade _____

FAMILY INFO

Marital Status: Married Divorced Single Separated

Legal Guardian(s): Both Parents Mother Father Other

If Other, explain:

Mother's Name _____

Last

First

Middle

Home Address _____

Home Telephone # _____ Cell # _____

Place of Employment _____ Address _____

Business Number _____

Signature _____ Date _____

Father's Name _____

Last

First

Middle

Home Address _____

Home Telephone # _____ Cell # _____

Place of Employment _____ Address _____

Business Number _____

Signature _____ Date _____

Guardian's Name _____

Last

First

Middle

Home Address _____

Home Telephone # _____

Cell # _____

Place of Employment _____

Work # & Address _____

Signature _____

Date _____

Tell Us About Your Child/Children:

Does your child have special needs? _____

if yes, explain _____

Does your child have any special dietary needs? _____

if yes, explain _____

Does your child have any behavior problems in school? _____

If yes, explain _____

What are your child's strong subjects in school? _____

What were your child's most challenging subjects in school this year? _____

What activities does your child seem to enjoy? _____

Does your child participate in any extra-curriculum activities? _____

Release Authorization:

My child may be released to the following person(s) – *this must be complete:*

Name _____

Last

First

Middle

Home Address _____

Home Telephone # _____

Cell # _____

Relationship to child _____

Release Authorization:

Name _____
<i>Last</i> <i>First</i> <i>Middle</i>
Home Address _____
Home Telephone # _____ Cell # _____
Relationship to child _____

Emergency Contact:

Name _____
<i>Last</i> <i>First</i> <i>Middle</i>
Home Address _____
Home Telephone # _____ Cell # _____

Name _____
<i>Last</i> <i>First</i> <i>Middle</i>
Home Address _____
Home Telephone # _____ Cell # _____

Will your child need Summer Camp, May through August? Yes or No

Your Child's Physician:

Name _____
<i>Last</i> <i>First</i> <i>Middle</i>
Home Address _____
Telephone # _____ Cell # _____

Before fully enrolling your child, the following forms must be signed:

- *Immunization Record*
- *Food Eligibility Form*
- *Transportation Forms Form*
- *Drivers License/Picture ID (Copy)*
- *Birth Certificate*
- *Parental Agreement Form*
- *A Gift from Heaven Academy Internet Release Form*
- *Emergency Medical Form*