



Summer Camp Registration Application 2020

Deposit \$75 check ___ cash ___ charge ___ hold ___

Student Information:

Child's Full Name: _____ Grade entering: _____
Birth Date: _____ Current Age: _____ Gender: ___ Male ___ Female
Home Phone: _____ Cell Phone: _____ Work Phone: _____
Street Address: _____
City: _____, AR Zip: _____

Does your child have a physical or emotional health issue of which the school should be aware? This may include special diets, prescriptions, allergies, counseling, or limitations on normal activities? Yes ___ No ___

Please explain: _____

Parent/Primary Guardian Information:

Primary Guardian Name(s): _____
Cell Phone: _____
Father's Name: _____ Mother's Name: _____
Cell Ph#: _____ Cell Ph#: _____
Email: _____ Email: _____

Student lives with (check all that apply):

___ Father ___ Mother ___ Stepfather ___ Stepmother ___ Other: _____

Parents are: ___ Married ___ Divorced ___ Separated ___ Father deceased ___ Mother deceased

If divorced, special arrangements: _____

Custodial agreement: It is the policy of Avilla Christian Academy to afford custodial and non-custodial parents the same access to their children and the same rights and responsibilities toward their children as long as it does not violate any court approved decree. The non-custodial parent is given access to any and all information with regard to his/her child's attendance and participation in Avilla Christian Academy as long as it does not violate any court approved decree. It is also the policy to allow the non-custodial parent free access to his/her child during the school day for activities, lunch, and transportation to and from school as long as it does not violate any court approved decree. Any other arrangements need to be provided to the Principal, in writing with either a court order or an agreement signed between both parents.

Sibling's Names: _____ Age: _____ Grade: _____ School Attending: _____

Mass communication: ACA will occasionally communicate information and updates through mass email and/or text message. I would like the following to be added to this list:

Email: _____ Cell Ph#: _____
Email: _____ Cell Ph#: _____

Family Church Membership:

Church: _____ Pastor: _____

Is student baptized? ___ Yes ___ No

Enrolled in Sunday school? ___ Yes ___ No

SEE BACK



Mission statement: To make disciples of Jesus Christ who will be equipped spiritually, socially, and academically to further God's kingdom in this world

www.avillachristian.org

501-408-4631

Photo/Video Release:

Except for areas I indicate below, I acknowledge that photographs or videos taken of my child while he/she is at Avilla Christian Academy or its sponsored events may be used for school advertising, school bulletin boards, school newsletter, school online media such as our ACA website and ACA Facebook pages. No pictures put online will contain any identifying information about the child.

I _____ give my consent to ACA to use my child's photographs and/or videos to be used in any of the places mentioned in the above paragraph except for the following (check all that apply):

____ advertising ____ bulletin boards ____ ACA newsletter ____ ACA website ____ ACA Facebook page

Signature**Date****Student Records:**

I agree to provide Avilla Christian Academy with the following records by the first day of camp. I understand that failure to do so may result in my child not being allowed to attend Avilla Christian Academy.

Immunization Records (Up to date)

Signature**Date**

My child/ children _____
will attend the following days each week of summer camp.

***If attending part time please note the days chosen below will remain the same each week throughout summer camp 2019 as these registrations are how we staff our weeks.**

Monday**Tuesday****Wednesday****Thursday****Friday**

How did you hear about ACA? _____