

Summer Intervention Program

PROGRAM HOURS

Monday - Wednesday - Friday

READING: 8:00 AM - 10:00 AM

MATH: 10:15 AM - 12:15 PM

This is a 6-week program.
Attendance is crucial. There will be no make-up days offered or refunds.

PARENT SELECTION

- Yes, my child will attend: Reading _____ Math _____

- My child will be attending PCA SUMMER CAMP (prorated):

YES _____ NO _____

SUMMER CAMP IS AVAILABLE FOR K5 - 5th GRADE

STUDENT INFORMATION

STUDENT NAME: _____ GRADE COMPLETED: _____

CURRENT SCHOOL: _____

AREAS OF CONCERNS/COMMENTS:

ALLERGIES/MEDICAL ISSUES:

PARENT INFORMATION

NAME: _____ PHONE: _____

EMAIL: _____

BILLING INFORMATION

Payments will only be accepted via a current FACTS account. Weekly dues will be automatically with-drawn each Friday prior to the start of the new week. For further questions and information regarding prorated camp contact finance@ilovepca.com.

Parent Signature: _____ Date: _____

EMERGENCY INFORMATION Who is authorized to pick up or be contacted in case of emergency?

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Applicant's physician: _____ Phone: _____

STUDENT MEDICAL INFORMATION/PERMISSION FORM

Family insurance company: _____

Policy number: _____

MEDICAL HISTORY

Health Forms:

_____ 3040 _____ 680

Medical Conditions:

- Asthma Diabetes Heart trouble
- Bronchitis Sinusitis Dizziness
- Hay Fever Kidney trouble Social disorders
- Stomach trouble Other _____

Allergies:

Foods: _____

Insect stings/bites: _____

Current medication: _____

Special diet: _____

Allergies/special needs: _____

In the event that my child becomes ill or injured while under the camp's supervision, I authorize the leader or their designee to take the following steps:

1. Contact the parents of the child IMMEDIATELY and follow his or her instructions.
2. In the event that neither parent can be reached, PCA will contact the 2nd emergency contact and/or the child's physician and follow their instructions. In the event that these contacts cannot be reached, PCA will call 911.
3. If the child needs medical or surgical services which require the parents' consent and the parents cannot be reached, I, the parent, hereby authorize, appoint, and empower the director or their designee to furnish on my behalf such written or oral authorization as may be required.
4. I release the director or their leader, PCA and Potential Church from any liability which might arise from the granting of such authorization, since it is my desire that my child receive medical attention as soon as possible.
5. I give permission for the participant's picture, while participating in camp activities, to be used in brochures, publications, slides and videos promoting PCA Summer Camp.

Signature of Parent or Guardian: _____

Date: _____