



Providing Excellence in Academics, Character, Leadership and Service to Others

2024 Summer Camp Student Application

Please select your campus of choice:

☐ 3655 Southwind Park Cove ☐ 5225 Shady Ridge Drive

Today's Date: ____/____/____

Grade Level Pre-School: ☐ Toddler ☐ Pre-K 2 ☐ Pre-K 3 ☐ Pre-K 4

Grade Level Elementary: ☐ K-5 ☐ 1st ☐ 2nd ☐ 3rd ☐ 4th ☐ 5th

Student Information: (Please print clearly) Applications that are not filled out completely and accurately will be denied.

Student Name: _____
(Last) (First) (Middle)

Student Social Security: ____/____/____ Date of Birth: ____/____/____ Age: ____ Gender: ____

Student Address: _____
Number/Street Name City State Zip

Last Grade Completed: _____ Previous School Attended: _____

Previous School Address: _____
Number/Street Name City State Zip

Parent Information: (Please print clearly) Applications that are not filled out completely and accurately will be denied.

Mother/Guardian's Name: _____ Email Address: _____

Current Address: _____ SSN: ____/____/____
(if different from student's address)

Employment: _____ Work Contact: () _____ Ext: _____

Home Contact: () _____ Cellular Contact: () _____

Father/Guardian's Name: _____ Email Address: _____

Current Address: _____ SSN: ____/____/____
(if different from student's address)

Employment: _____ Work Contact: () _____ Ext: _____

Home Contact: () _____ Cellular Contact: () _____

Step-Parent Name (If applicable): _____

The information listed below must be provided to complete the enrollment process.

For office use only:

- | | | |
|--|---|---|
| <input type="checkbox"/> Copy of Father's Driver's License | <input type="checkbox"/> Copy of Mother's Driver's License | <input type="checkbox"/> Copy of Child's Birth Certificate |
| <input type="checkbox"/> Copy of Child's Social Security Card | <input type="checkbox"/> Copy of Child's Immunization Certificate | <input type="checkbox"/> \$50 Registration Fee Received
(for non CTCA students only) |
| <input type="checkbox"/> \$150 summer activity fee (Cash Only) | | |

Does the student suffer from any allergic reactions to: ☐ Penicillin ☐ Bee or Wasp Sting ☐ Mosquito Bites ☐ Foods ☐ Other

Please specify child's allergy: _____

Will treatment or medication be administered at school? ☐ Yes ☐ No If a child requires medicine to be given in school, a parent must request in writing that the medicine be given, and it must be in the original container with the dosage directions on the label. Twice a day medicines should be given at home, with doses spaced as close to 12 hours apart as possible. Three times a day medicines should be given at home in the morning, after school, and at bedtime. Medicine that is not in the original container (such as a plastic bag) cannot be administered in school.

Does your child use specialized equipment for health? ☐ Yes ☐ No If yes explain: _____

Does student have any physical challenges? ☐ Yes ☐ No If yes explain: _____

List 3 emergency Contacts:

Name	Relationship to Child	Contact Number
1.		
2.		
3.		

In the event of an emergency, what hospital would you like your child to be transported to?

Photo Agreement

I grant permission for my child to be included in any photos the school may use for the school newsletters, school yearbook, school web page, school advertisement, school promotions, etc.

Parent's Printed Name

Parent's Signature

Medical and Liability Release Information

Student Name _____

In the event that I (we) cannot be reached in the event of an event or an emergency regarding the above named student, while said student is in the care of Christ Trinity Christian Academy and/or its official agents; I (we) hereby give consent for emergency medical care to be administered and/or arranged by Christ Trinity Christian Academy.

I (we) do hereby release and discharge Christ Trinity Christian Academy and its official agents from any and all claims, demands, actions, or course of action, past, present or future, arising out of any damage or injury to named student while participating in school sanctioned activities. This release applies to both custodial and non custodial parents holding both parties in agreement. By signing this release, you are acknowledging that both parties are in agreement.

Signature(s) of Student's Parent(s)/Legal Guardian(s)

Father's printed name

Father's Signature

Date:

Mother's printed name

Mother's Signature

Date:

*Special Note about giving medicine to students:

If your child takes medicine on a regular basis or in the event of an illness needs to take any type of medication----Please bring the medicine directly to the office and DO NOT send medication to school with a child. Upon arrival to the office, you will check the medicine in and sign the 'Permission to Administer Medicine Form'.

Student School Release Form

Student Name: _____ Pre-School Grade Level: ☐ Toddler ☐ Pre-K 2 ☐ Pre-K 3 ☐ Pre-K 4
Elementary Grade Level: ☐ K-5 ☐ 1st ☐ 2nd ☐ 3rd ☐ 4th ☐ 5th

Sibling(s) attending CTCA: (1) _____ (2) _____

Parent Information

Father's Name: _____

Mother's Name: _____

Home Contact () _____

Home Contact () _____

Work Contact () _____

Work Contact () _____

Cellular () _____

Cellular () _____

I (we) understand that by adding persons to the list below, I (we) authorize any person listed to pick up my child(ren) upon submitting proper identification to the school. I (we) also acknowledge that persons listed below will be contacted in the event of an emergency or when the parent(s) of the said child(ren) cannot be reached.

Authorized Person's Name	Relationship to Child	Contact Number 1	Contact Number 2
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			

***Special Note**

Christ Trinity Christian Academy will not become involved in domestic disputes. If either parent has been prohibited by a court having jurisdiction over the parties, from picking the child up from school, it is the responsibility of the custodial parent to furnish the school with an attested copy of the court order making this prohibited. The Court order will be retained in the school office files. Without such court order, either parent shall be deemed by the school as being a proper person for school personnel to surrender custody of the child to leave the school premises. This assumption is predicated upon both parents having been designated on the authorization list provided, at the time the child was enrolled.

Additional Notes regarding authorization to release the said child(ren): _____

Father Signature _____

Date _____

Mother's Signature _____

Date _____

Director's Signature _____

Date _____