

# TOWER GROVE CHRISTIAN ACADEMY SUMMER CAMP 2018 EMERGENCY/STUDENT ADMISSION FORM

Applicants for admission are considered without regard to sex, race, or national origin. Please print legibly.

Student's Name \_\_\_\_\_  
Last First Middle

Date of Birth \_\_\_\_\_ Grade Completed \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Home Phone \_\_\_\_\_ Student's Cell # \_\_\_\_\_

Father

Father's Name \_\_\_\_\_ Cell # \_\_\_\_\_

Employer/Occupation \_\_\_\_\_ Work # \_\_\_\_\_

Email \_\_\_\_\_

Mother

Mother's Name \_\_\_\_\_ Cell # \_\_\_\_\_

Employer/Occupation \_\_\_\_\_ Work # \_\_\_\_\_

Email \_\_\_\_\_

Emergency

*If you cannot be reached, please list the names of two persons (relatives, neighbors, etc.) who will assume temporary care of your child until you are available:*

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Student's Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_ Group/Certificate # \_\_\_\_\_

Allergies & Medical

List all prescription and over-the-counter medication (i.e. asthma, attention deficit, etc.) that your child takes on a regular basis and the reason for taking it: \_\_\_\_\_

List all conditions that could be serious or life threatening requiring sudden or immediate treatment (asthma, high blood pressure, heart condition, epilepsy, diabetes, fainting spells, hypoglycemia, bee sting, etc.) \_\_\_\_\_

Is your child **allergic to any food or drugs**? If so, please list them: \_\_\_\_\_

**Please read and sign the following statement:**

*In the case of an emergency situation such as an accident or serious illness, I understand that the school shall attempt to contact me. If I cannot be reached, I authorize the school to contact the doctor listed on this form and follow the doctor's directions. If the doctor cannot be contacted, I authorize the school to take whatever steps deemed necessary.*

\_\_\_\_\_  
Father's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother's Signature

\_\_\_\_\_  
Date

**TO BE COMPLETED BY PARENTS OR GUARDIAN OF NEW CAMPERS ONLY**

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

School Last Attended \_\_\_\_\_

\_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Has applicant ever repeated a grade? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, which grade? \_\_\_\_\_

State reason for repeating \_\_\_\_\_

Does the applicant have any mental, emotional, or physical handicaps which may affect his/her activities or progress, or that for some reason should be known by his/her teacher? (Reply will be held confidential.)

\_\_\_\_\_

Has applicant ever had any serious discipline problems?

Suspended or expelled from school? Yes \_\_\_\_\_ No \_\_\_\_\_  
Brought before the Juvenile Court or law enforcement? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes to any of the above, please explain: \_\_\_\_\_

\_\_\_\_\_

Does the applicant live with –

Father and Mother \_\_\_\_\_ Mother Only \_\_\_\_\_ Father Only \_\_\_\_\_ Parents share equal time \_\_\_\_\_

Number of older siblings \_\_\_\_\_ Number of younger siblings \_\_\_\_\_

Number of sisters \_\_\_\_\_ Number of brothers \_\_\_\_\_

Church now attending or preference –

Father \_\_\_\_\_  
Name of Church \_\_\_\_\_ Member? \_\_\_\_\_ Pastor \_\_\_\_\_

Mother \_\_\_\_\_  
Name of Church \_\_\_\_\_ Member? \_\_\_\_\_ Pastor \_\_\_\_\_

How did you hear about Tower Grove Christian Academy? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Father's Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Mother's Signature \_\_\_\_\_ Date \_\_\_\_\_