



# TIMBERLAKE CHRISTIAN SCHOOL SUMMER DAY CAMP APPLICATION

### EXTENDED CARE INFORMATION:

- **AGE:** The Summer Day Camp is for students ages 3-7 years old.
- **DATES:** The Summer Day Camp program will begin on **Wednesday, May 31, 2023**, and will end on **Friday, August 4, 2023**. The first day of school for the 2023-2024 school year will be on Wednesday, August 16, 2023.
- **NO CARE:** There will be **NO** Summer Day Camp during the week of **August 7-15** due to teacher work week and **NO** Summer Day Camp on **July 4** due to the holiday. Please plan accordingly.

### STUDENT INFORMATION:

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

STUDENT'S FULL NAME (First, Middle, Last): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ SEX: \_\_\_\_\_

AGE CLASS LAST COMPLETED:  3 Year Old  4 Year Old  5 Year Old (Kindergarten)  
 6 Year Old (1<sup>st</sup> Grade)  7 Year Old (2<sup>nd</sup> Grade)

### PARENT INFORMATION:

FATHER'S NAME: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

EMAIL: \_\_\_\_\_

### SCHEDULE DESIRED: (please check one)

- 5 Full Days** (7:00AM – 5:45PM)
- 5 Half Days** (7:00AM – 12:00PM)
- 3 Full Days** (7:00AM – 5:45PM)

### PARENT PERMISSION:

TCS occasionally uses pictures of projects, events and students on our website, brochures, advertising, and social media (Facebook, Twitter, Instagram) to highlight our programs. I give my permission for TCS to use my child's picture in these media.

Yes \_\_\_\_\_

No

Parent Signature

### OFFICE USE ONLY:

Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_ Registration Fee Paid:  Yes  No Amount Paid: \_\_\_\_\_ Cash: \_\_\_\_ Check #: \_\_\_\_\_

### Documents on File:

Physical  Proof of Identity  Immunization Records

# EMERGENCY CONTACT & AUTHORIZED PICKUP:

STUDENT'S NAME: \_\_\_\_\_

## PARENT INFORMATION:

FATHER'S NAME: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

EMAIL: \_\_\_\_\_

## AUTHORIZED PICKUP:

*Please list three additional people to contact (if parent(s) cannot be reached) who are emergency contacts and authorized to pick up your child:*

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

RELATIONSHIP TO CHILD: \_\_\_\_\_

RELATIONSHIP TO CHILD: \_\_\_\_\_

RELATIONSHIP TO CHILD: \_\_\_\_\_

# MEDICAL RELEASE FORM

STUDENT'S NAME: \_\_\_\_\_

## PHYSICIAN INFORMATION:

STUDENT'S DOCTOR: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

## ALLERGIES:

Does your child have any food, medication, or environmental allergies?  Yes  No

Please provide details of reaction and any necessary treatment.

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## CONDITIONS:

Does your child have any medical conditions we should be aware of?  Yes  No

If you answered "yes" please provide necessary detail.

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## MEDICATIONS:

Does your child take medication(s) regularly?  Yes  No

If you answered "yes" please provide necessary detail:

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## BIRTH CERTIFICATE:

If Timberlake Christian Schools does not already have a copy of your child's birth certificate, please include a copy with your child's application. This **must** be on file in the school office before your child may attend. To verify that Timberlake Christian Schools has your birth certificate on file please contact Beth Mears at [bmears@tcs4u.org](mailto:bmears@tcs4u.org).

## IMMUNIZATION RECORDS:

If Timberlake Christian Schools does not already have a current/up to date copy of your child's immunization records, please include a copy with your child's application. This **must** be on file in the school office before your child may attend. To verify that Timberlake Christian Schools has your child's immunization records on file please contact Beth Mears at [bmears@tcs4u.org](mailto:bmears@tcs4u.org).

## CURRENT PHYSICAL:

If Timberlake Christian Schools does not already have a copy of your child's physical (completed within the last year), please include a copy with your child's application. This **must** be on file in the school office before your child may attend. To verify that Timberlake Christian Schools has your child's physical on file please contact Beth Mears at [bmears@tcs4u.org](mailto:bmears@tcs4u.org).

## PERMISSION TO TREAT:

In case of serious illness, I request the school contact me and I agree to pick up my child within a reasonable amount of time. If unable to reach me, I hereby authorize the school to contact my emergency contact or my physician and to follow his/her instructions. If it is not possible to contact the physician, the school may make whatever arrangement necessary for the benefit of my child:

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

