

# Green Pastures Summer Program CAMP GUNBY APPLICATION

Please fill out this application (front/back) accurately and completely. Failure to provide complete and accurate information may hinder the student's acceptance. If any information on this form changes, please update it immediately.

Social Security # \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Date \_\_\_\_\_  New  Returning Grade Level \_\_\_\_\_

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Sex:  Male  Female

Address \_\_\_\_\_

Phone No. \_\_\_\_\_ Date of Birth \_\_\_\_\_

Father's Name \_\_\_\_\_ Phone # \_\_\_\_\_ (w) \_\_\_\_\_ (c) \_\_\_\_\_

Mother's Name \_\_\_\_\_ Phone # \_\_\_\_\_ (w) \_\_\_\_\_ (c) \_\_\_\_\_

Has child ever been evaluated for or diagnosed with any physical, emotional, psychological and/or learning disabilities?  No  Yes

If yes, please list: \_\_\_\_\_

## Emergency Contacts: *(List two people)*

Name \_\_\_\_\_

Address \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

**GREEN PASTURES CHRISTIAN SCHOOL**

5455 Flat Shoals Parkway, Decatur, Georgia 30034 • (770) 987-8121 • Facsimile - (770) 987-7475

**Child's Physician:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

*How did you hear about Green Pastures Summer Camp Program?*

\_\_\_\_\_

**STATEMENT OF COOPERATION**

In making application for my child, it is my desire to have him/her complete the Summer School/ Camp Program. It is my understanding that the policy of the school/ camp is to make no refund on registration fees. I have also read, understand and agree with discipline policy and procedures of Green Pastures Christian School. I also give permission for my child to take part in all school/ camp activities, including sports and field trips at and away from the school premises, and absolve the school from liability to my child or to me because of any injury at camp or during a camp activity away from school.

If emergency medical services are needed, it will be coordinated with parents or emergency contact person prior to transporting the child or calling an ambulance for such services when feasible. When the parent cannot be contacted immediately, the school will transport the child to his/her family doctor for a minor emergency. In case of a major emergency, the child will be transported to Children's Health Care of Atlanta (formerly Egleston's Children Hospital).

*My signature below states that I have read and agree with the Statement of Cooperation.*

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

- T-SHIRT SIZE:**  Small Child     Medium Child     Large Child     X-Lg. Child  
 Small Adult     Medium Adult     Large Adult  
 X-Large Adult     XX-Large Adult     XXX-Large Adult

**FOR OFFICE USE**

Registration Fee \$ \_\_\_\_\_ Camp Fee \$ \_\_\_\_\_ Lunch Fee \$ \_\_\_\_\_