



**Faithca.com**

**512 Kivett Dairy Rd., McLeansville, NC 27301**

**(336) 763-2740**

Today's Date \_\_\_\_\_

Child's Full Name \_\_\_\_\_ Goes By \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

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

Attending school & grade for student last year \_\_\_\_\_

List any disabilities, complications, fears or allergies \_\_\_\_\_

Father's Name \_\_\_\_\_ Employer \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

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

Work Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

Mother's Name \_\_\_\_\_ Employer \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

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

Work Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

Marital Status of Parents: \_\_\_\_\_

If parents are separated or divorced, with whom does the child(ren) live? \_\_\_\_\_

**Emergency Care Information**

Name of Child's Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Name of Child's Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Hospital Preference \_\_\_\_\_

**If neither Parent/Guardian can be contacted in case of emergency, call:**

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

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

**Person(s) to whom the child may be released (other than parent):**

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

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

**What is your child's tee-shirt size?** \_\_\_\_\_

**In signing this application, we agree to the following:**

We will cooperate with FCA Summer Camp in all policies and standards. We give permission for our child's teacher or the Academy Director to make and enforce regulations in a manner consistent with Christian principles and discipline as needed. Discipline methods include removal of privileges, sentence writing, parent contact, time away and suspension. We understand that all discipline will be carried out in a caring and instructive way by FCA staff. We understand the stated policy concerning all discipline, and we will uphold FCA Summer Camp and Faith Christian Academy in their discipline policy.

Father's or Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Mother's or Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_



**FAITH CHRISTIAN**  
A C A D E M Y  
*Cutting Edge Christian Education*

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## Student Emergency Release Form

This form will be on file at FCA for the duration of Summer Camp. It provides *Faith Christian Academy* the needed information for the student in case of emergencies.

Name of student: \_\_\_\_\_ Age: \_\_\_\_\_  
(Last) (First) (Middle)

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

Home Phone: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Mother: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Father: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

List **two** other contacts who can assume temporary care of your child in the event you cannot be reached.

Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

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

Name: \_\_\_\_\_ WorkPhone: \_\_\_\_\_ Cell: \_\_\_\_\_

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

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Serious Health Condition(s): \_\_\_\_\_

\_\_\_\_\_

List any medications taken daily or medications needed in a medical emergency: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Important Medical Conditions (Check all that apply)**

_____ Asthma	_____ Bleeding Disorder
_____ Diabetes	_____ Orthopedic Problems
_____ Seizures	_____ Other _____
_____ Sickle Cell Disease	_____ Other _____
_____ Vision Problems	_____ Allergy _____
_____ Hearing Problems	_____ Allergy _____

Name of Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

*Please attach a copy (front and back) of the insurance card to this form.*

**In case of a medical emergency, Faith Christian Academy has permission to call 911 and/or take appropriate action.**

**I/We authorize and consent to any X-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment, and hospital care which, in the best judgment of a licensed physician or dentist is deemed advisable.**

**I/We agree to assume the financial responsibility for expenses incurred as a result of those services being provided.**

**I/We also agree to be financially responsible for emergency medical transportation.**

\_\_\_\_\_  
**Father/Guardian's signature and Date**

\_\_\_\_\_  
**Mother/Guardian's signature and Date**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Printed Name**

***If the child lives with both parents/guardians, the release must be signed by both parents/guardians.***



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## Blanket Permission for Transportation

I, \_\_\_\_\_ give permission for \_\_\_\_\_  
(parent) (child)

To be transported to all field trip locations for FCA Summer Camp. I understand that the method of travel for these field trips will be by bus and all transportation will be provided by Faith Christian Academy.

I, \_\_\_\_\_ give my child, \_\_\_\_\_ permission to participate in all Faith Christian Academy Summer Camp events. This included all scheduled field trips, sports, and recreational activities. This included slides and bounce houses.

I, \_\_\_\_\_ agree that the Summer Camp and/or Academy staff may authorize the physician of their choice to provide emergency care to my child in the event that neither I nor the family physician can be contacted. I give my permission for the camp to administer emergency care if the need should arise.

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Parent (printed)

Signature

Date