

I (we) understand that all State of Florida Form DH 680 immunization and Form DH 3040 physical examination must be on file as part of the enrollment process.

My child and I have read and discussed the Discipline Policy. We agree to the guidelines and to the terms.

Parent /Guardian Signature _____ Date _____

Child's Signature _____ Date _____

List of Authorized Persons

Name _____ Relationship _____

Home Phone _____ Work Phone _____

Permitted to: Pick up child for parent _____ Act for parent in emergency _____

Name _____ Relationship _____

Home Phone _____ Work Phone _____

Permitted to: Pick up child for parent _____ Act for parent in emergency _____

Name _____ Relationship _____

Home Phone _____ Work Phone _____

Permitted to: Pick up child for parent _____ Act for parent in emergency _____

If any of the above information changes, a written notice must be given to the camp director.

Parent Signature _____ Date _____

GCCS SUMMER CAMP ENROLLMENT FORM

Student	
Date of Birth	
Grade in Fall 2010	
Address	
Email	
Home Phone	
Church Affiliation	
Person who has legal custody	
Father	
Address	
Home Phone	
Work Phone/Cell	
Mother	
Address	
Home Phone	
Work Phone/Cell	
Doctor Name & Address	
Doctor's Phone	
Does child have special needs? (explain)	
Allergies? (explain)	
Convulsions?	No _____ Yes _____
Medications?	
Will you need extended care?	No _____ Yes _____ Pick up time _____



Gulf Coast Christian Schools Summer Camp 2010

**Please check each session your child will be attending.
Return the form below to Gulf Coast Christian Schools with
your registration payment.**

Child's Name _____ **Date** _____

Parent/Guardian Signature _____

Registration \$ _____

Full Day _____
8:00 am – 4:00 pm

Extended Day _____
7:30 am – 6:00 pm

June 14 - 18, Week 1 ___ **June 21 - 25**, Week 2 ___ **June 28 - July 2**, Week 3 ___

July 6 - 9, Week 4 ___ **July 12 - 16**, Week 5 ___ **July 19 - 23**, Week 6 ___

July 26 -30, Week 7 ___ **August 2 - 6**, Week 8 ___ **August 9 - 13**, Week 9 ___

Please complete all forms by May 7, 2010.

ALL INCLUSIVE FIELD TRIP PERMISSION SLIP

My child _____ may participate in the field trips as indicated in the Summer Fun newsletters. I understand that as part of the Summer Fun Program, specific dates may need to be changed but I will be informed of the changes in adequate time.

Signature of Parent/Guardian

Date

EMERGENCY RELEASE FORM

Authorization for Treatment
In Absence of Parent or Guardian

I, _____ hereby give authority to any hospital, its physicians and other professionals or technical personnel to treat my child/ward _____ at anytime that I cannot be reached to authorize treatment. This authority also includes my permission to transport by ambulance and for emergency surgery and admission to the hospital if the attending physician feels admission is necessary.

Signature _____ Date _____

Address _____ City _____ State ____ Zip _____

Phone _____

Mother's Business : Phone _____ Cell _____

Father's Business: Phone _____ Cell _____

In case of emergency and parent/guardian cannot be reached, name, phone and relationship of other local person to contact.

Name _____ Relationship _____ Phone _____

Address _____ City _____ State ____ Zip _____

Insurance Information

Insurance Company: _____

Policy Number: _____ Exp. Date _____

State of Florida, County of Pinellas

Before me personally appeared _____ to me well known and known to me to be the person described in and who executed the foregoing instrument, and acknowledged to and before me that he/she executed said instrument for the purposes therein expressed.

Form of identification: _____

Witness my hand and official seal this _____ day of _____, 2010.

Notary Public, State of Florida at Large

My commission expires: _____