

## SACS SUMMER/DAY CAMP REGISTRATION 2018

Student name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Student name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Student name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Father's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Please mark each period your child will be attending camp (payment dates are in parentheses):

\_\_\_\_\_ May 29 – June 22 (May 18)

\_\_\_\_\_ June 25 – July 20 (June 22)

\_\_\_\_\_ BONUS WEEK: July 23-27 (July 20)

If you will be requesting a week's vacation time for a discount, please note the dates here:

\_\_\_\_\_

We understand the mission of Savannah Adventist Christian School Summer/Day Camp, and agree to abide by all rules and policies set forth in the 2017-2018 SACS Handbook and by the administration and staff of the school. We will pay all fees on time and any after-care charges on a weekly basis.

Parent/Guardian signature

Date

### **For Office Use Only:**

#### *Documents received:*

- \_\_\_\_\_ Registration Form
- \_\_\_\_\_ Consent to Treatment/Field Trip  
Permission
- \_\_\_\_\_ Emergency Contact/Pick-Up List
- \_\_\_\_\_ Media Release Form

#### *New students only:*

- \_\_\_\_\_ Letter of recommendation
- \_\_\_\_\_ Birth Certificate
- \_\_\_\_\_ Current GA Immunization  
Form 3231

#### *Fees paid:*

- \_\_\_\_\_ Registration fee (\$50/student; \$75 after May 15)
- \_\_\_\_\_ 1<sup>st</sup> Monthly fee (\$425; \$450 after May 18)
- \_\_\_\_\_ 2<sup>nd</sup> Monthly fee (\$425; \$450 after June 22)
- \_\_\_\_\_ BONUS WEEK (\$105; \$120 after July 20)

**Savannah Adventist Christian School**  
**CONSENT FOR MEDICAL TREATMENT – FIELD TRIP/AUP**

Parent/Guardian \_\_\_\_\_ Daytime phone no. \_\_\_\_\_

Address \_\_\_\_\_

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

Child's physician \_\_\_\_\_ Phone \_\_\_\_\_

Health insurance company \_\_\_\_\_ Policy # \_\_\_\_\_

Is this student currently taking any medications? No \_\_\_ Yes \_\_\_ Explain \_\_\_\_\_

Does this student have any allergies? No \_\_\_ Yes \_\_\_ Explain \_\_\_\_\_  
If more explanation is needed, please use the back of this page.

In the event that my child, \_\_\_\_\_, becomes ill or is injured while under school supervision, I approve the school authorities taking the following steps in the following order:

1. Contact a parent or legal guardian of the student and follow his or her instructions.
2. In the event of an emergency, when neither parent nor legal guardian can be reached immediately, the school authorities are hereby authorized to use their best judgment in contacting a properly licensed physician, or in transporting my child to the nearest hospital for consultation and/or treatment. It is understood that reasonable effort will be made to contact the doctor listed above before any other physician is called by the school or other organization. Transportation is to be done either by school-provided transportation, or if school officials deem it wise, by ambulance.

If, in the opinion of a properly licensed and practicing physician, my child needs medical or surgical services which require my consent before being supplied, and I cannot be reached, I hereby authorize, appoint, or empower the Principal or his/her designated representative, to furnish on my behalf such written or oral authorization as may be so required.

Furthermore, I release the Principal, or his/her designated representative, and Savannah Adventist Christian School from any liability which might arise from the giving of such authorization, it being my desire that my child be furnished with such medical or surgical services as soon as possible after the need arises.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**FIELD TRIP PERMISSION**

This permission slip will allow your student to participate in all school sponsored field trips. Additional information will be provided prior to each field trip regarding location, cost and any other pertinent facts. **Parents who do not wish their child to participate in a particular trip may notify the teacher in writing or by phone.**

I give permission for my child, \_\_\_\_\_ to go on field trips sponsored by Savannah Adventist Christian School during Summer/Day Camp.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Acceptable Use Policy – Technology (AUP)**

I have read the SACS policy on technology usage and agree to follow the principles and guidelines it contains.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

I have read the SACS policy on technology usage and support the policy outlined (see SACS Handbook). I understand that employees of the school will make every reasonable effort to restrict access to all controversial material on the Internet, but I will not hold them responsible for materials my son or daughter acquires or sees as a result of the use of the Internet from school facilities. I give my permission to Savannah Adventist Christian School to allow the student above to use the Internet on computers at the school.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Savannah Adventist Christian School**  
Emergency Contacts & Authorization to Pick Up

**Emergency Contacts (children under the age of 5 must have at least 2 other than the parent/guardian)**

Parents are automatically considered Emergency Contacts and should not be listed here.

**Emergency Contact 1**

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

Relationship to Child: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

**Emergency Contact 2**

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

Relationship to Child: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

**Authorization to Pick Up**

Please list all people who have your permission to pick up your child from Savannah Adventist Christian School. All those authorized to pick up must be at least 18 years old and be able to provide a legal ID.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_