

2023 Summer Student Application

Applicant will be considered for admission upon receipt of the following:

Registered with the Google link. Completed Application & Emergency Form Immunization Records & Latest Report Card
 \$200 Deposit (**non-refundable**) due at the time of registration (applied to camp cost)
 Option 1 Membership Option 2 Weekly \$475 Option 3 Daily \$115 (summer tuition will be billed)

Student Information

First Name _____ **Last** _____ **Preferred Name** _____

Home Address _____

City _____ **State** _____ **Zip Code** _____

Birthdate _____ **Age** _____ Boy Girl **Language(s) spoken at home:** _____

Ethnicity: Check One (Note: An ethnic designation is required by the Federal Government)

Hispanic Asian Native American Pacific Islander White (Not of Hispanic Background)
 Black Indian Filipino Other: _____

Parent/Guardian Signature Required Here: _____

Name and Address of School Last Attended: _____ **Home School District: (required)** _____

Telephone _____ **Principal or Last Teacher** _____

Has Student ever had Psychological Testing or been Screened for Academic Difficulties or Learning Disabilities? Yes No If yes, please explain: _____

Has Student ever been Enrolled in a Special Education Program, 504 Plan or IEP? Yes No If yes, please explain: _____

Parent Information

Marital Status: Parents Married Parents Separated Parents Divorced Single Other _____

Advise of any Custodial Arrangements and Who Student Lives With: _____

Father's Name _____ **Home Number** _____ **Cell Number** _____

Home Address (if different than student) _____

Father's Employer _____ **Father's Occupation** _____ **Father's Social Security Number** _____

Work Number _____ **Email Address** _____

Mother's Name _____ **Home Number** _____ **Cell Number** _____

Home Address (if different than student) _____

Mother's Employer _____ **Mother's Occupation** _____ **Mother's Social Security Number** _____

Work Number _____ **Email Address** _____

Person Financially Responsible (if different than Parent)

First and Last Name: _____ **Relationship to Student:** _____ **Cell Number:** _____

Address: _____ **Social Security Number:** _____

Additional Information

List any siblings currently attending CCS: _____ List any other siblings and ages not attending CCS: _____

How were you referred to Campbell Christian Schools: _____ Name of Church Attending: _____

Briefly state your reason for applying to Campbell Christian Schools: _____

Student Name _____

Mailing Address _____ Birthdate ____/____/____

PRIMARY PARENT/GUARDIAN INFORMATION

Parent/Guardian Name	Home Number	Cell Number
Employer Name	Occupation	Work Number
Relationship to Student	E-mail	
Parent/Guardian Name	Home Number	Cell Number
Employer Name	Occupation	Work Number
Relationship to Student	E-mail	

SECONDARY PARENT/GUARDIAN INFORMATION (This is only required if the student has a step-parent)

Parent/Guardian Name	Home Number	Cell Number
Employer Name	Occupation	Work Number
Relationship to Student	E-mail	Emergency Contact <input type="checkbox"/> Yes <input type="checkbox"/> No
Spouse's Name	Home Number	Cell Number
Employer Name	Occupation	Work Number
Relationship to Student		Emergency Contact <input type="checkbox"/> Yes <input type="checkbox"/> No

EMERGENCY CONTACT INFORMATION (list two individuals, other than those listed above, who can immediately pick up your child in the event of illness or an emergency and who are able to authorize emergency care).

Name	Cell Number	Relationship
Name	Cell Number	Relationship

DISMISSAL AUTHORIZATION (list individuals other than parent, guardian, and emergency contact).

1.	4.	7.
2.	5.	8.
3.	6.	9.

MEDICAL INFORMATION (This information is required in case of a medical emergency).

Doctor's Name	Phone Number	
Dentist's Name	Phone Number	
Medical Insurance Carrier	Medical Insurance Policy #	Group#
List any allergies: (if additional space is needed, write on reverse)	List allergic reactions:	
List any ongoing medication administered:		
Does your child have any physical limitations? If yes, please explain		
Does your child have any health conditions? If yes, please explain		

EMERGENCY DISMISSAL AND CARE PROCEDURES: I understand that, in case of a major disaster during the school day, students will be kept at school or at an alternate site and will be released only to parents/legal guardians, or to an authorized adult. If emergency medical or dental treatment is needed, 911 will be called. I realize that Campbell Christian Schools cannot assume responsibility for the payment of medical fees for expenses incurred. I understand that it is my responsibility to inform the school of any changes regarding the information on this form. I have read and understand this form.

PARENT/GUARDIAN SIGNATURE REQUIRED: _____ DATE _____