



First Christian Academy
OASIS SUMMER PROGRAM 2021
24530 NW 199th Lane
High Springs, FL 32643
386-454-1641

Student Information

Child's Name: _____ Male: _____ Female: _____
Birthdate: _____ Grade Entering this Fall: _____ Allergies: _____
Mailing Address: _____
City: _____ State _____ Zip _____ Ph: _____

Parent or Guardian Contact Information

Name: _____ Relationship to Child: _____
Home Phone: _____ Cell Phone: _____

Name: _____ Relationship to Child: _____
Home Phone: _____ Cell Phone: _____

Persons Authorized to Pick Up Child

1. _____ Phone: _____
2. _____ Phone: _____
3. _____ Phone: _____

Please select the weeks of Oasis Summer Camp that your child will be attending:

**** NO camp available May 31 – June 4 ****

- Week 1:** June 7 – June 11
- Week 2:** June 14 – June 18
- Week 3:** June 21 – June 25
- Week 4:** June 28 – July 1* (closed July 2)
- Week 5:** July 5 – July 9
- Week 6:** July 12 – July 16
- Week 7:** July 19 – July 23
- Week 8:** July 26 – July 30

**** NO camp available August 2 – August 6 ****

Weekly Camp Rates are \$125. A one-time Registration Fee of \$75 is due at time of enrollment.

T-Shirt Size: (1 free t-shirt is included with the registration fee.)

YOUTH: _____ small _____ medium _____ large

ADULT: _____ small _____ medium _____ large _____ x-large

Please read carefully and sign below.

PERMISSION FOR EMERGENCY CARE

First Christian Academy (FCA) has permission to obtain medical care for my child as they deem necessary. When my physician or I cannot be contacted in an emergency, FCA has my permission to take my child to the emergency room of the nearest hospital. The hospital has my authorization to provide treatment which a physician deems necessary for the well-being on my child.

MEDICATION INFORMATION

I/We understand that the staff of First Christian Academy can only dispense medication prescribed by a physician. Over-the-counter medication will not be given to students unless accompanied by a written prescription by the child's physician. *Authorization of Medication forms are available at the School Office.*

PERMISSION/AUTHORIZATION TO PHOTOGRAPH

I/We understand that photographs of my child may be taken throughout the year and we give permission for those photographs to be used in school publications or on the school website. YES NO

PARTICIPATION and TRANSPORTATION CONSENT

Limited off-campus excursions may occur throughout Summer Camp. The undersigned parent or guardian hereby consents for their child to ride in any church-owned vehicle and to participate in any inside or outside activities sponsored by First Christian Academy from 7:00 am – 6:00 pm. I certify that my child is physically able to participate in any activities.

PARENT/GUARDIAN SIGNATURES

By signing below, you verify that all information on this enrollment form is complete and accurate. Additionally, your signature verifies your permission for use of emergency care and off-campus transportation well as needed.

Parent/Guardian Signature Date

Parent/Guardian Signature Date

OASIS Summer Camp is available for enrolled FCA students only.
Please return this form with the Registration Fee of \$75 to the school office.