NMA SUMMER CAMP APPLICATION
Northside Methodist Church & Academy
2600 Redmond Road
Dothan, Alabama 36303
(334) 702-8473

Please mark one of the following:
- ☐ Full Time
- ☐ Part Time (M,W,F)
- ☐ Daily (Drop In)

Groups: K3-K4/K5-2nd/3rd-5th/6th-8th

June 3,2012 – July 26, 2012

Full time: Total Camp Tuition $750 **Due by May 17th** **Paid after May 17th, apply a**

Part-time: 3 Days a Week (MWF) $500 **Due by May 17h** **$50 late fee**

Drop In: Daily Rate $20 will be billed throughout the summer (Drop In price may vary due to activities and trips planned)

Registration Fee: $30 per student or $45 per family (This fee holds your spot and includes a t-shirt for each child. It is NON REFUNDABLE. Please fill out the order form on back) **Due with application**

If your child is NOT a CURRENT student of NMA, you will need to pay a $45 fee for SmartTuition as well for payment purposes. Please see attached form.

Tuition includes care for your child anytime from 6:00 A.M. until 6:00 P.M.

10% Discount on 2nd child.

For any questions about the fee or camp activities, please contact Leslie Martin (Director) at (334) 702-8473 or lmartin@northsideknights.net

Child's Information

Date:_____ Child's Present Age:_____ Grade Completed:_____ DOB:_____

Child's Name (as on Birth Certificate) :_____

Name Called:_____ Phone #: _____

Address:_____

City:_____ State:_____ Zip:_____

School Last Attended:_____

Allergies:_____

Medical Conditions/Special Needs:_____

Guardian Information

Father:_____ Address:_____

City/State:_____ Zip:_____ Phone #: _____

Place of Employment:_____Work Phone #:_____

Cell Phone #: _____ E-Mail Address: _____

Mother:_____ Address:_____

City/State:_____ Zip:_____ Phone #: _____

Place of Employment:_____Work Phone #:_____

Cell Phone #: _____ E-Mail Address: _____

If parents are separated or divorced, with whom does the student live? _____

Who is responsible for receiving camp information and paying the fees? _____

Pick-Up Information: Persons AUTHORIZED to pick up child

Name:_____Phone #:_____Relationship:_____
Name:_____Phone #:_____Relationship:_____
Persons NOT AUTHORIZED to pick up child (If it is a Parent listed must show court order).
Name:_____
Name:_____

Summer Camp 2012 T-Shirt Order Form

Adult Sizes	Youth Sizes
Small_____	XSmall_____
Medium___	Small_____
Large_____	Medium____
XL_____	Large_____
2XL_____	

For Office Use Only:
_____T-Shirt Fee (Date Paid) _____ Rec./Ck.#_____

_____Tuition Payment (Date Paid) _____ Rec./Ck. #_____

Other:_____
_____
_____
_____

STATE OF ALABAMA
COUNTY OF_____

Before me, a Notary Public in and for said State and Country, appeared _____and is known to me, after being duly sworn or affirmed, says as follows:

That affiant is the parent or legal guardian of the minor child/children_____; that affiant has been notified by Hal Barnes, a representative of Northside Methodist Academy that said church or school has filed notice and is exempt under law from regulation by The Department of Human Resources.

_____ Parent/Legal Guardian Sworn, or affirmed to and subscribed before me this _____ day of _____, 2013.

_____Notary Public
My commission expires:_____

Form PS-1 Prepared by the Alabama Christian Education Association for the exclusive use of its member church schools pursuant to **Act No. 81-310.**

Northside Methodist Academy Summer Camp
Medical/Allergy Form

Name_____DOB___/___/___ Home Phone_____
Mother's Name_____Work Phone_____Cell Phone_____
Father's Name_____Work Phone_____Cell Phone_____
If parent's are not available, call_____Phone_____
Physician's Name_____Phone_____

Please list any Allergies or Other Medical Conditions:

***Insect Sting (Specify Type)_____**
***Food (Specify Type)_____**
***Pollens/Allergies, Etc._____**
***Medicine_____**
***ADD or ADHD_____**
***Other Medical Conditions/Allergies_____**

Please check which symptoms are usually associated with your child's allergy attack.

____Coughing
____Hoarseness
____Difficulty in swallowing
____loss of consciousness
____abdominal pain
____Bluish color of skin/nails
____Shortness of Breath
____swelling of body parts
____swelling of tongue
____wheezing
____Nausea
____Itching
____rash
____swelling at local contact site (i.e. eyelid with pollen allergy, etc.

Medication Information:

Name of Medication_____
Route of Administration (inhaled, oral, etc)_____
At what time(s) given_____
Dosage_____

Please list any special comments/directions we need to be aware of regarding your child.
_____
_____

Parent's Signature_____Date_____

Northside Methodist Academy
Consent/Release Form for all 2013 Summer Camp Field Trips

Consent

I hereby give my consent for my child, _____, to participate in all 2013 Summer Camp Field Trips. I understand that as a parent or guardian, I remain fully responsible for any legal responsibility that may result from personal actions taken by named child. I hereby release and agree to hole harmless Northside Methodist Academy, its officers, employees, and volunteers from all liability arising out of injuries sustained by my/our child while participating in the activities of Northside Methodist Academy.

Date:_____ Signature of Parent/Guardian _____

Permission For Emergency Treatment

In the event of an emergency requiring hospitalization, surgery, and/or other medical treatment develops, we will need written consent of the parent/guardian, since some states will not treat children under 21 without written consent. Therefore, please sign the following statement to prevent any delay in emergency treatment of your child.

In the event of injury and/or illness to our child _____
Born ____/_____/_____, we hereby authorize a representative of Northside Methodist Academy to obtain consent and if such consent cannot be obtained from the parent/guardian or from the emergency contact person listed below, to give consent to whatever medical treatment the representative deems necessary, including the administrating of an anesthetic and surgery, and and do hereby release Northside Methodist Academy and the representative from any and all claims which may arise from the representative's obtaining and consenting to said medical treatment.

_____ _____ _____

Date Telephone Numbers Signature of Parent/Guardian

_____ _____

Emergency Phone(s) Emergency Contact Person/Relationship

PRE-SCHOOL CHILD'S MEDICAL REPORT

Child's Name_____Date of Birth_____

Parent's/Guardian'sNames_____

Address_____Telephone #_____

Attach Certificate of Immunization (Blue Slip) – **Must be up to date**

I examined this child on (date) _____. I find him/her to be in good physical condition and free of contagious and infectious diseases.

He/she is capable of participating in preschool activities: Yes_____ No_____
(If no, please list the reasons below.)

_____

_____

Any physical or medical conditions the school needs to know about? Yes___ No__
(If yes, please list below.)

_____

_____

Immunizations are up-to-date for age of child: Yes_____ No _____

Laboratory and Other Tests: Yes_____ No_____

History of Allergies: _____

_____

_____ _____

Physician's Signature **Date**

NOTE: Parents need to complete the information on reverse side for complete medical history

MEDICAL HISTORY

IT IS MANDATORY that pupils who show symptoms of communicable disease be excluded from classes until readmission is acceptable to School authorities. Your cooperation will be greatly appreciated. Thank you!

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Pupil's Name_____Birth Date_____Sex__

Father's Occupation_____Mother's Occupation_____

PAST DISEASES-(If your child has had any of the following, state age when he/she had them.)

Mumps_____	Diphtheria_____	Polio_____
Measles_____	Scarlet Fever_____	Convulsions_____
Whooping Cough_____	Rheumatic Fever_____	Heart Disease_____
Asthma_____	Chicken Pox_____	Diabetes_____
Hay Fever_____	Pneumonia_____	Discharging Ears_____
	Syphilis_____	Gonorrhea_____

RECENT HEALTH PROBLEMS – (Please check any one of the following noted recently.)

4 or more colds yearly_____	Fainting spells_____	Hearing difficulty_____
Frequent sore throat_____	Abdominal pains_____	Tires easily_____
Poor vision_____	Frequent urination_____	Breath shortness_____
Frequent leg pains_____	Allergy_____	Hernia (rupture)_____
Dizziness_____	Persistent cough_____	Ringworm_____
Frequent sties_____	Speech Difficulty_____	Nose bleeds_____
Dental defects_____	Crippling conditions_____	Growing pains_____

Does your child have a disability due to disease or accident?_____

Has your child had a skin test for tuberculosis?_____Date administered_____

Has he been associated with a tubercular patient?_____When?_____

PERSONAL RECORD –Please answer all of the following.

Is he/she shy?_____	Overactive?_____	Bite fingernails?_____
Suck thumb?_____	Have excessive fears?____	Have temper tantrums?_____
Inquistive?_____	Play well with others?____	Eat breakfast?_____

DATE:_____ SIGNATURE OF PARENT:_____

PHONE:_____ (REV. 8/99)