

**Summer Program 2021
June 01-August 6**

PLEASE USE ONE FORM PER CHILD

Child's Name: _____

DOB: _____

Parent's Name: _____

Contact #: _____

Grade Student Completed in May: _____

***Students must be 2 yrs-5th grade and have a current Immunization Certificate to attend the summer program (immunization record MUST be turned before student can begin).**

***Student place is on a first registered basis. To secure your child's spot in the Summer Program, a \$25 enrollment fee must accompany this registration form. The fee is refunded if the program becomes full.**

Please circle the days and session(s) your child will be attending:

Hours of Operation: M-F, 7:30 AM-5:00 PM

Please Circle 1 OR Both Sessions:

Session 1: June 01-July 02

Session 2: July 6-August 06

Please Circle One:

M-F: \$200 Per Week

M/W/F: \$135 Per Week

T/TH: \$90 Per Week

***If you have any questions about enrollment, please contact Kara Rosso, 2021 Summer Coordinator at kararosso@pcageorgetown.org or at 502-868-9393 ext: 2002.**



STUDENT INFORMATION

Name _____ M F DOB _____ Ethnicity _____
Last First M.I.

Address _____ Child's SSN ____ - ____ - ____
Street City State

Student lives with (circle) Both parents Mother Father Guardian Other _____

MOTHER/GUARDIAN DATA

Name _____ SSN ____ - ____ - ____
Last First M.I.

Address _____ Phone _____
Street City State

Email address _____

Place of employment _____ Occupation _____ Phone _____

FATHER/GUARDIAN DATA

Name _____ SSN ____ - ____ - ____
Last First M.I.

Address _____ Phone _____
Street City State

Email address _____

Place of employment _____ Occupation _____ Phone _____

STUDENT PICK-UP AUTHORIZATION

Other than those listed above, please provide a list of people who have permission to pick up your child

<u>Name</u>	<u>Phone#</u>	<u>Relationship</u>

Sunscreen Application Permission & Photography Release (please initial, sign, and date)

_____ (initial) PCA has permission to reapply sunscreen that I have provided to my child
_____ (initial) PCA has permission to take photos of my child that may appear in school & local media

Parent/Legal Guardian Signature Date

PROVIDENCE

HEALTH FORM 2019-2020

Student _____ M / F DOB ___/___/___ Home Phone _____ Grade Entering _____
 Last Middle
 Mother _____ Daytime Emergency# _____ Secondary Phone# _____
 Father _____ Daytime Emergency# _____ Secondary Phone# _____
 Physician _____ Office# _____ Dentist _____ Office# _____
 Preferred Hospital _____ Insurance Provider _____

List two LOCAL CONTACTS and relationship (aunt, grandparent, friend, etc.) that can pick up child in case of sickness or emergency, should both parents be unreachable.

Name _____ Relationship _____ Home# _____ Wk# _____ Cell# _____
 Name _____ Relationship _____ Home# _____ Wk# _____ Cell# _____

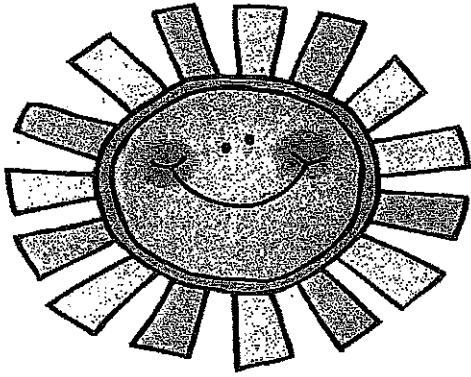
PLEASE INDICATE ANY MEDICAL CONDITIONS

	NO		YES		EXPLANATION	NO		YES		EXPLANATION	
EARS											
Hearing Difficulties											
Hearing aid											
Chronic Infections											
EYES											
Glasses											
Contact											
HEART/LUNGS											
Fainting											
Chest pains											
SPINE/NECK											
BACK											
Scoliosis											
SHOULDERS											
ARM: elbow/wrist											
LEG: hips, knees, ankles, feet											
KIDNEYS											

If my child is under a physician's care for a chronic condition, please explain thoroughly.

List the medications your child takes on a regular basis and explain the reason for each:

Parent Signature _____ Date _____
 I hereby give permission for emergency medical treatment as deemed necessary by attending medical personnel while this student is under the supervision of Providence Christian Academy. This includes the school's sports program and all other school sponsored activities. Any photocopy of this form carries the same authority as the original.



Permission Slip to Apply Sunscreen

Name of Child: _____

As the parent/guardian of the above child, I give permission for the staff at Providence Christian Academy to apply a sunscreen of 15 SPF or higher to my child when he/she will be playing outside.

I also understand that I must supply the sunscreen to Providence Christian Academy along with this permission slip in order for it to be applied to my child.

I have provided the following Brand/Type of sunscreen for use for my child.

Brand: _____

SPF: _____

Parent/Guardian's Name: _____

Parent/Guardian's Name Signature: _____

Date: _____

PROVIDENCE

CHRISTIAN ACADEMY

172 Southgate Drive Phone: 502-868-9353
Georgetown, Kentucky 40324 Fax: 502-370-4766

Permission to use the School Premises

Child's Name _____

I give permission for my child to go (walk) to other areas on the school premises during the 2020-2021 school year. My child is also allowed to participate in programming and activities provided by staff from the Early Education program or school personnel upon the discretion of the staff. Supervision must always be maintained by a qualified adult staff. Programming options on the premises may include but is not limited to the cafeteria, Chapel, Library, music, Room, parking lot, large open field next to the building, field day/Fun Run activities and the playground.

Parents Signature: _____

Date of Signature: _____

K-5
ONLY



COMMONWEALTH OF KENTUCKY

Child Care Face Mask Permission Form

The Kentucky Department for Public Health encourages the wearing of face masks for children above the age of two (2) who can safely and appropriately wear, remove, and handle a face mask. Pursuant to the governing administrative regulation, 922 KAR 2:410E, Section 8:

- A child care provider shall not require a child who is not in the first grade or above to wear a face mask;
- A child who is two (2) years of age or younger shall not wear a face mask;
- A child who is between three (3) years of age and first grade may wear a face mask if the child care provider and the parent or guardian sign this form; and
- Exceptions to wearing a face mask are included in 922 KAR 2:410E, Section 8(5), and include when a child is actively engaged in vigorous play or exercise; when a child is outside and has six (6) feet or more separation from others; and when a child is eating, drinking, or napping.

Parent or guardian attestation:

- I acknowledge that wearing a face mask could put my child at increased risk of choking, suffocation, or strangulation.
- I acknowledge that it is the responsibility of my child to wear a face mask and it is not the responsibility of the provider to ensure that it is worn.
- I agree to provide a sufficient supply of clean masks for my child to allow for replacing the mask as needed and I agree to include my child's name on all masks.

Child's name

Parent or guardian signature

Provider attestation:

- As the child care provider for the above-named child, I agree that my center can provide the appropriate supervision to ensure the above-named child's safety while wearing a face mask.

Child care director signature