

# West Covina Christian School Summer Enrichment

Summer \_\_\_\_\_

Student's Name: \_\_\_\_\_ Birthday: \_\_\_\_\_ Grade Entering in Fall: \_\_\_\_\_

School currently attending: \_\_\_\_\_

## Parent/Guardian 1

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

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

Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Employer's Name/City: \_\_\_\_\_

Employer's Phone: \_\_\_\_\_

## Parent/Guardian 2

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

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

Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Employer's Name/City: \_\_\_\_\_

Employer's Phone: \_\_\_\_\_

## Primary Residence of Child

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

If parents are divorced or separated, who has legal custody of the child? \_\_\_\_\_ \*Both parents will need to have a set of emergency cards on file. Can other parent have contact with child?  Yes  No Pick up the child?  Yes  No

## Other Adults Authorized to Pick Up Student

Persons with permission from legal custodian to whom the school may release the child due to illness, early pick up or Extended Care pick up.

1. \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

2. \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Please give the name of a relative *outside California* who may be called in a Catastrophic emergency such as an earthquake.

3. \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Please select dates and return to school with your \$50.00 registration fee and the first week tuition. Registration fee is non-refundable.

Registration includes a WCCS T-shirt to be worn on field trip days. Please circle size: Youth: S M L XL Adult: S M L XL

Please check all weeks your child will attend this summer: **June**  10-14  17-21  24-28 **July**  1-3 Closed July 4th & 5th

**July**  8-12  15-19  22-26  29-8/2 **August**  5-9

Please complete both sides of card

## AUTHORIZATION TO TREAT A MINOR

I (we) the undersigned parent, parents or legal guardian of (Student's Name) \_\_\_\_\_ a minor, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis and treatment and emergency hospital care which is deemed advisable by and is to be rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the medicine practice act and on the staff of any acute general hospital holding a current license to operate a hospital from the State of California, Department of Public Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power to render care which the aforementioned physician in the exercise of his best judgement may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.

Personal Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Allergies: \_\_\_\_\_ Last Tetanus Booster: \_\_\_\_\_

Special medical or pertinent information: \_\_\_\_\_

List any restrictions \_\_\_\_\_

**In case of serious illness or accident, I hereby authorize school officials to call any local physician or paramedic if parents/guardian cannot be reached immediately.**

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

## FIELD TRIP AUTHORIZATION

We give our permission for (Student's Name) \_\_\_\_\_ to accompany his/her class on all field trips throughout the current school year. Children will be accompanied by a teacher or staff member and will be under adequate supervision.

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

## PHOTO RELEASE

\_\_\_\_ Yes, I understand and authorize that my child's image may be photographed, filmed and used in video presentations and publications including the website and social media profiles.

\_\_\_\_ No, I do not want my child to be photographed for school use.

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