

Green Pastures Summer Program

CAMP GUNBY APPLICATION

Please fill out this application (front/back) accurately and completely. Failure to provide complete and accurate information may delay or hinder the student's acceptance. If any information on this form changes, please update immediately.

Student ID # _____ E-Mail Address _____

Date _____ New Returning Grade Level _____

Child's Name _____ Age _____ Sex: Male Female

Address _____

Phone No. _____ Date of Birth _____

Father's Name _____ Phone # _____(w)_____ (c)_____

Mother's Name _____ Phone # _____(w)_____ (c)_____

Has child ever been evaluated for or diagnosed with any physical, emotional, psychological and/or learning disabilities? No Yes

If yes, please list: _____

Emergency Contacts: (List two people, use the attached to list more)

Name _____

Address _____

Home # _____ Work # _____ Cell # _____

Name _____

Address _____

Home # _____ Work # _____ Cell # _____

GREEN PASTURES ACADEMY, INC.

5455 Flat Shoals Parkway, Decatur, Georgia 30034 • (770) 987-8121 • Facsimile (770) 987-7475

Allergies: _____ Adverse Reactions: _____

Child's Physician:

Name: _____

Address: _____

Phone #: _____

How did you hear about Green Pastures Summer Camp Programs?

STATEMENT OF COOPERATION

In making application for my child, it is my desire to have him/her successfully complete the Summer School/Camp Program. It is my understanding that the policy of the school/camp is to make no refund on registration fees. I have also read, understand and agree with discipline policy and procedures of Green Pastures Academy, Inc. I also give permission for my child to take part in all school/camp activities, including sports and field trips at and away from the school premises, and absolve the school from liability to my child or to me because of any injury at camp or during a camp activity away from school.

If emergency medical services are needed, it will be coordinated with parents or emergency contact person prior to transporting the child or calling an ambulance for such services when feasible, When the parent cannot be contacted immediately, the school will transport the child to his/her family doctor for a minor emergency. In case of a major emergency, the child will be transported to Children's Health Care of Atlanta (formerly Henrietta Egleston's Children Hospital – 1405 Clifton Rd. NE, Atlanta, GA 30307)

My signature below states that I have read and agree with the Statement of Cooperation.

Parent or Guardian Signature _____ Date _____

FOR OFFICE USE

Registration Fee \$ _____ Camp Fee \$ _____ Date Received : _____