



Porter Academy

200 Cox Road, Roswell, GA 30075
Tel (770) 594-1313 Fax (770) 594-1771
www.porterschool.com

2008 Summer Camp Enrollment Application

Student Name _____ Date of Birth _____

Parent's Names _____ email _____

Address _____ City _____ Zip _____

Home Phone _____ Mobile Phone _____ Work Phone _____

Current School _____ Grade _____

Week	Dates	Theme	Morning 9am–12:30pm	Full Day 9am–3pm	Cost
1-6	June 9–July 18	Full 6 weeks	<input type="checkbox"/> \$1,400	<input type="checkbox"/> \$2,000	\$
- OR -					
1	June 9-13	Circus Parade	<input type="checkbox"/> \$250	<input type="checkbox"/> \$350	\$
2	June 16–20	Wild West Wilderness	<input type="checkbox"/> \$250	<input type="checkbox"/> \$350	\$
3	June 23 – 27	European Art, Music & Drama	<input type="checkbox"/> \$250	<input type="checkbox"/> \$350	\$
4	June 30-July 3**	Holiday Hullabaloo	<input type="checkbox"/> \$250	<input type="checkbox"/> \$350	\$
5	July 7–11	Spectacular Sports	<input type="checkbox"/> \$250	<input type="checkbox"/> \$350	\$
6	July 14–18	World of Water	<input type="checkbox"/> \$250	<input type="checkbox"/> \$350	\$
Total Amount					\$
Reservation Deposit – due with registration					\$ – 200
Balance Due					\$

** Note: No camp on July 4th

Enrolling your child is a commitment to pay in full for the registered weeks. Half payment is due by May 1, 2008 and full payment is due by June 1, 2008. Payment may be made by credit card, with processing fees of 2%-Discover, 2.5%-MasterCard/Visa and 3%-American Express added to your payment.

Your child's picture will NEVER be used without your permission. We NEVER include the child's name with the picture.

_____ YES, Porter Academy may use my child's picture in their website and marketing materials.

_____ NO, Porter Academy may NOT use my child's picture in their website or marketing materials.

I understand and agree that the staff will take care of minor injuries. When a child is injured the first priority will be to attend to the child and apply first aid. If the injury is serious we will call 911 and immediately call the parent. If an ambulance is necessary, we will request transportation to a hospital. If the parent has not reached the school by the time of transport, a staff member will accompany the child with a copy of this authorization form. In the case of accidental poisoning, a call will be placed to the Poison Control Center (404) 616–9000 for instructions. An Accident Report will be completed by staff members supervising the child at the time of the accident and placed in the child's permanent file.

Signature of parent

Date

A non-refundable deposit of \$200 to Porter Academy must accompany this application.

Medical/Emergency Information

Pediatrician _____ Phone _____

Other Medical _____ Phone _____

Allergies - List any medical or food allergies, along with the symptoms and reactions:

Health History/Medical Concerns - List any major illness, chronic problems, ADHD, etc.:

Current Medication - List all medications your child is currently taking:

Medication	Dosage	Time Given	MD	Reason
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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**Emergency Contact #1** \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**Emergency Contact #2** \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**Emergency Contact #2** \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

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The following people have permission to pick up my child from school:

Name _____ Relationship _____

Home Phone _____ Mobile Phone _____ Work Phone _____

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Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

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Name _____ Relationship _____

Home Phone _____ Mobile Phone _____ Work Phone _____

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