



2000 Doran Dr ~ Odessa, TX 79761 ~ Phone (432) 362-6311

Application for Enrollment-Summer Day Camp

Regular _____ Drop-in _____ Date of Admission _____ T-Shirt Size: _____

Child's Full Name _____ Male () Female ()

Home Address _____ City, State, Zip _____

Date of Birth _____ Age as of June 1 _____ Grade just completed in school _____

ADMISSION REQUIREMENT:

Last school attended _____

1. An updated and complete immunization record and

2. One of the following must be presented when your child is admitted to Odessa Christian School.

() **Doctor's statement: I have examined the above named child within the past year and find that he/she is physically able to take part in the day camp program.**

() Parent's statement: My child has been examined within the past year by a licensed physician and is able to participate in the day camp program; *name, address, and phone number of Physician.*

() My child has an appointment for a physical examination (date) _____ at (name of physician) _____

Signature of Parent _____

Date _____

FAMILY INFORMATION

Father's full name _____ Mother's full name _____

Father's Social Security # _____ Mother's Social Security # _____

Address _____ Address _____

Phone _____ Cell _____ Phone _____ Cell _____

Driver's license # _____ Driver's license # _____

Date of Birth _____ Date of Birth _____

Employer _____ Employer _____

Address _____ Address _____

Business Tel. # _____ Business Tel. # _____

Email _____ email _____

Whom to notify if unable to reach you in an emergency: _____

Relationship to you _____ Phone # _____ or # _____

MEDICAL HISTORY

List any special problems or needs that you child may have, such as known allergies, existing illnesses, previous serious illnesses and injuries, disabilities, any hospitalizations during the past 12 months, and any medication prescribed for long-term use, and any other information of which the staff should be aware.

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the facility director or person in charge to take my child to:

Physician _____ Address _____ Phone _____
Hospital _____ Address _____ Phone _____

Consent for necessary emergency treatment when my child is in the care of this physician and/or hospital/clinic.

Signature – parent/legal guardian Date

FIELD TRIP PERMISSION (no pre-school or pre-kindergarten children will leave OCS campus)

I give permission for my child, _____, to ride with licensed qualified school personnel to activities away from school. These activities include but are not limited to the following: water activities, skating, ice skating, picnicking, snow-cone trips, and Vacation Bible School.

Signature – parent/legal guardian Date

PICK-UP PERMISSION

List below the names of all individuals having your permission to pick up your child from school. Please be sure to include yourself and your spouse. (Photo ID may be requested at any time.)

Name _____ Phone _____
Name _____ Phone _____
Name _____ Phone _____

Odessa Christian School admits students of any race, color and national or ethnic origin. Odessa Christian School does not discriminate on the basis of sex or handicap in its educational program or activities or employment except where necessitated by specific religious tenets held by the institution and its controlling body.

PLEASE READ CAREFULLY AND SIGN BELOW

Unless you hear from us, **upon receipt of this fully completed form, a current shot record, birth certificate and payment of the registration fee**, your child is automatically enrolled in ODESSA CHRISTIAN SCHOOL’S summer program. Registration fees are NON-refundable. Applications are accepted on a first-come, first-served basis. The weekly fees are due on the **first** day of each week, in advance. All regular campers will be charged the full week’s rate for any missed weeks. Past due accounts result in suspension. **IF ODESSA CHRISTIAN SCHOOL HAS TO PLACE YOUR ACCOUNT FOR COLLECTIONS AT A COLLECTION AGENCY AND/OR WITH AN ATTORNEY, YOU WILL BE RESPONSIBLE FOR ANY REASONABLE COLLECTION AND/OR ATTORNEY FEES IN ADDITION TO THE AMOUNT OWED ON THE ACCOUNT.**

Signature – parent/legal guardian Date