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| **“Building on a Righteous Foundation” \*\* 1411 Robinson Street, Jackson, MS 39203 \*\* Phone: 662-845-4282** | | | | | |
|  | GBTC Office Use Only!  The following documents must accompany this application:  Birth Certificate \_\_\_\_\_\_\_  Immunization Form \_\_\_\_ | Greater Bethlehem Temple Church  **SUMMER ACADEMY APPLICATION** | | | GBTC Official Use Only!  Fees and Tuition  Reg. Fee: $25.00 \_\_\_\_\_\_  Activity Fee: $75.00\_\_\_\_  Weekly Tuition: $75.00\_\_\_  Fees Rec’d by \_\_\_\_\_\_\_\_\_  Acceptance Date:\_\_\_\_\_\_ |
| **Arrival: 8:00 A.M.** | **Departure: 5:30 P.M.** |
| **Please submit this application to the administrative office of Little Saints Academy, 1411 Robinson Street, Jackson, MS. Nonrefundable $100. registration fee must accompany this application. This fee covers registration and activity for your child. Credit and/or debit card payments are acceptable methods of payment for fees and tuition. Login at** [**www.littlesaintsgbtc.com**](http://www.littlesaintsgbtc.com) **or** [**www.gbtchurch.org**](http://www.gbtchurch.org) **create an account and pay summer academy registration fees and tuition. Discount for siblings in the same household.** | | | | | |
| **Student Name: (Last) (First)** | | | | **Today’s Date:** | |
| **Date of Birth:** | | | **Sex: M or F (circle one)** | **Age:** | |
| **Current Address:** | | | | | |
| **City:** | | | **State:** | **ZIP Code:** | |
| **Grade Level:** | | | **School Name:**    **School District:** | | |
| **Father’s Name (Last) (First)** | | | | | |
| **Mother’s Name: (Last) (First)** | | | | | |
| **Home Address:**  **City, State, Zip Code** | | | | | |
| **Home Phone:** | | | **Cell Phone:** | **Employment:** | |
| **Email:** | | |  | **Work Phone:** | |
| **Physician’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | **Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
| **Does child have food allergies? Yes No If yes, please list. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Is special diet required? Yes No Any special needs? List \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | |
| **EMERGENCY CONTACT INFORMATION & PROCEDURES**  **Please indicate persons and phone numbers to contact in case of an emergency (other than parents).** | | | | | |
| 1st Choice: | | | Daytime Phone: | Alternate Phone: | |
| 2nd Choice: | | | Daytime Phone: | Alternate Phone: | |
| Please list the name(s) or person(s) **other than** parent or legal guardian to whom child may be released during dismissal.  1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    **List the name of any person your child can NOT be released to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | |
| |  |  |  | | --- | --- | --- | | **NOTICE: Summer Academy personnel will administer medication only in an emergency, i.e. EpiPen.** | |  | | In case of divorced or separated parents, are there any legal restrictions on the release of child to either parent? YES or NO If so, please provide formal documentation to keep in your child’s file. | |  | | **Emergency Instructions (Check appropriate box)**  I give permission to GBTC Summer Academy personnel to secure emergency medical and/or surgical treatment for the minor child listed (on page 1) while in its care.  I do not give permission to GBTC Summer Academy personnel to secure emergency medical and/or surgical treatment for the minor child listed (on page 1) while in its care. | |  | | Hospital preferred in case of emergency: | Phone: |  | | **PARENT/STUDENT BEHAVIOR AGREEMENT** | |  | | The GBTC Summer Academy is an educational supplemental program in a spiritual environment designed to provide academic enrichment, recreational engagement, and character development for students in grades K-7. Students are expected to participate in all prescribed activities in an environment that sanctions a **zero-tolerance rule for disruptive behavior.** Science experiments and off-side field trips are vital to program success. Therefore, your child is subject to be disciplined in the following manner to ensure safety and compliance.  1st Offense – Warning and punishment issued – (Proximity activity) missed activity, at the discretion of the instructor 2nd Offense – Meeting with Director – disciplinary action.  3rd Offense – Parental contact and removal from field trip  4th Offense – Subject to removal from program  **The Director reserves the right and authority to remove any participant from the program at any time for safety and well-being of students.** | |  | | **FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA)**  **Please check the items in which you would like to allow your child to participate.**   **News information release** (There may be times during the Summer Academy when staff members, news media, or others may wish to photograph or videotape your child during the program – name, portrait, picture, voice, or likeness.)   **Communication release** (There may be times during the program that others wish to identify your child by name and grade in newsletters and publications.)   **Artwork release** (There may be times during the program that staff members, news media or others wish to use artwork created by your child for use in print, video, Internet, or other communications methods.)   **Internet use** (I grant permission to my minor to use GBTC public internet to complete work assigned by an instructor. I am aware that some materials may be objectionable, and I accept full responsibility for guiding my child’s internet use and will not hold GBTC personnel liable. | |  | | **PARENT/GUARDIAN CONSENT**  By signing below, I give permission for my child to participate in the GBTC Summer Academy. I acknowledge the above Parent/Student Behavior Agreement and give permission to GBTC After-School Program personnel to follow the above-named disciplinary actions. Furthermore, I give consent or lack of consent (as indicated above) for a medical provision of emergency care while enrolled. I give permission to use artwork, videos, photographs, voice, or likeness of my child for promotional purposes (as indicated above) in a variety of mediums for the Summer Academy and local coverage of program events. | |  | | **Parent/Guardian Name: (PRINT)** | |  | | **Signature of Parent/Guardian: Date:** | |  | | **Field Trip Permission** | |  | | I give my child permission to participate in off-site excursions as part of the summer experience. I release the Summer Academy from all liability for injury which might result from said field trips. I understand that I will be informed in advance of all such trips.  **Parent Name (PRINT) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**    **Parent Signature Date:** | |  | | **Release of Liability**  **I do hereby release GBTC Summer Academy and its staff from any and all liabilities that may arise from any future injury to my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, resulting from other than willful or malicious actions.**    **Parent Name (PRINT)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Signature of Parent Date:** | |  | | **ONE CHILD PER APPLICATION** | |  |   Has your child participated in this program in the past? Yes No If yes, which year?  Are there any restrictions on your child’s physical activities? Yes No Explain, if yes.  Does your child have any special rulings or exceptionalities? Yes No If yes, please list. | | | | | |

**GBTC STAFF ADHERES TO ALL SAFETY GUIDELINES FROM THE MS DEPT. OF HEALTH AND CDC.**