

# WORLD CHANGERS ACADEMY SUMMER PROGRAM

## SUMMER REGISTRATION 2024



**REGISTRATION FEE:** \$125 Early Bird Registration Per Child / \$150 After April 1st Per Child

**ENTERING GRADE:** \_\_\_\_\_ **STUDENT'S DOB:** \_\_\_\_\_

**STUDENT INFORMATION**

**LAST NAME:** \_\_\_\_\_ **FIRST:** \_\_\_\_\_ **MIDDLE:** \_\_\_\_\_

**Student's Address:** \_\_\_\_\_

**Student Resides with (Check One):**  Both Parents  Mother\*  Father\*  
 Shared Custody  Guardian  Other \_\_\_\_\_

\*Legal Custodial Documents/Agreements (if applicable must be on file with office)

**PARENT/ GUARDIAN INFORMATION**

**MOTHER/GUARDIAN NAME:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**HOME PH:** \_\_\_\_\_ **CELL PH:** \_\_\_\_\_ **WK PH:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**FATHER/GUARDIAN NAME:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**HOME PH:** \_\_\_\_\_ **CELL PH:** \_\_\_\_\_ **WK PH:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**EMERGENCY CONTACT NUMBERS & MEDICAL INFORMATION**

**CONTACT NAME:** \_\_\_\_\_ **PH NUMBER:** \_\_\_\_\_

**CONTACT NAME:** \_\_\_\_\_ **PH NUMBER:** \_\_\_\_\_

**CONTACT NAME:** \_\_\_\_\_ **PH NUMBER:** \_\_\_\_\_

**ALLERGIES (LIST)** \_\_\_\_\_

**EPI PEN: Y / N (CIRCLE ONE) PLEASE HAVE EPI PEN STORED AT CENTER**

**PARENTAL AGREEMENT**

Authorization, consent, medical release for medical treatment, payment and permission to attend field trips off campus. This authorization is given pursuant to provision of section 25.8 of the Civil Code of California. We the undersigned, parent(s), do authorize personnel of Freedom Church' World Changers Academy to give authorization for examination , medical or surgical diagnosis or treatment and hospital care and ambulance transportation which is advisable by medical staff licensed under the provision of the Medicine Practice Act, in the event of an emergency and the parent(s)/guardian(s) are unable to be reached. I agree to pay all/any expenses incurred. Heretofore, this authorization will remain for the duration that my child is registered for World Changers Academy Summer Program.

I, \_\_\_\_\_ am the parent (legal/guardian) of \_\_\_\_\_, who attends World Changers Academy Summer Program. I have read and agreed to the above, as well as all the information in the information in the registration packet.

**Parent/Legal Guardian Signature:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_