

READY ACADEMY'S
"Basic Training" Summer Camp

Registration Form 2025
June 23rd-August 1st

(PLEASE PRINT)

NAME OF STUDENT: _____
(Last) (First) (Middle)

AGE: ____ BIRTH DATE: _____

LAST GRADE CHILD COMPLETED: PK3 / PK4 / K5 / 1st / 2nd / 3rd / 4th
(Circle)

PARENT/GUARDIAN'S NAME: _____

ADDRESS: _____

PHONE NUMBER: HOME _____

CELL _____

WORK _____

E-MAIL ADDRESS: _____

Student's T-shirt Size: YXS ☐ YS ☐ YM ☐ YL ☐ YXL ☐

WEEK	YES	NO	MAYBE	WEEK	YES	NO	MAYBE
June 23 - June 27	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	July 14 - 18	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
June 30-July 3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	July 21 - 25	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
July 7 - July 11	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	July 28- August 1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

TIMES & TUITION

Non-Refundable Registration Fee-\$85.00 per child - (Paid at time of registration)

***(Fee Includes Summer T-Shirt for all Students)**

Weekly Camp Fee- \$175.00 per week/per child

(10% discount for additional siblings attending **"BASIC TRAINING" CAMP ONLY**)

Tuition includes a daily lunch & afternoon snack

(Tuition must be paid each Monday of the week attending Camp via PROCARE)

Field trips are to be paid in Cash Only

Camp Hours: Monday-Friday 7:00 a.m. – 5:00 p.m.

RULES & REGULATIONS

- **ALL** Students must be fully potty-trained. NO EXCEPTIONS!!
 - **ALL** Students must eat Breakfast before arriving each day.
 - **Drop off and Pick up Policy:** Students are to arrive no earlier than 7:00 am and be picked up no later than 5:00pm
 - Late Pick-Ups will be charged \$3 per minute for every minute that you are late after 5:00pm
- Parent/Guardian understands that the Camp Director reserves the right to request the withdrawal of any child who is unable to adjust to the program after a reasonable period of time.

Parent/Guardian Signature _____ Date _____

OFFICE USE ONLY

PAYMENT AMOUNT: \$_____ APPLIED TOWARDS: REG. FEE ☐ WEEKLY SUMMER FEE ☐

TYPE OF PAYMENT: CASH ☐ CHECK ☐ CREDIT CARD ☐ MONEY ORDER ☐

ADMIN/STAFF RECEIVING THIS FORM: _____ DATE _____

FIRST BAPTIST CHURCH READY ACADEMY CHRISTIAN SCHOOL

REGISTRATION/EMERGENCY CONTACT/AUTHORIZATION FORM - PART I

NAME OF STUDENT: _____
PLEASE PRINT (LAST) (FIRST) (FULL MIDDLE NAME)

GENDER: ☐ MALE ☐ FEMALE AGE: _____ DATE OF BIRTH: ____/____/____ LAST GRADE COMPLETED: _____

FORMER SCHOOL (NAME AND CITY): _____

PERMANENT HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

WITH WHOM DOES THE CHILD CURRENTLY RESIDE? _____

RELATIONSHIP: _____ HOME#: (____) ____-____

EMAIL ADDRESS (PRINT CLEARLY): _____@_____

MOTHER'S NAME: _____ CELL#: (____) ____-____

EMPLOYER: _____ WORK#: (____) ____-____

FATHER'S NAME: _____ CELL#: (____) ____-____

EMPLOYER: _____ WORK#: (____) ____-____

• Child's Ethnicity (Please check):

- ☐ American Indian or Alaskan Native ☐ Asian ☐ African American ☐ Caucasian
☐ Hispanic or Latino ☐ Native Hawaiian or other Pacific Islander ☐ Other

Parents are required to complete a Registration Packet for each child they are registering in the school program.

The READY Academy admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admission policies, scholarship/loan programs, and athletic and/or other school-administered programs.

REGISTRATION/EMERGENCY CONTACT/AUTHORIZATION FORM – PART II

NAME OF STUDENT: _____
(Last)
(First)
(Full Middle)

It is important to prioritize the emergency contacts in chronological order, according to the preference of who should be contacted first – **PARENTS MUST INCLUDE THEMSELVES IN THE ORDER OF PREFERENCE, IF THEY ARE TO BE LISTED FOR AN EMERGENCY CONTACT. ALL CHANGES/UPDATES MUST BE PROVIDED IN WRITING BY THE AUTHORIZED PARENT/GUARDIAN IN ORDER TO KEEP THE INFORMATION CURRENT FOR THE OFFICIAL STUDENT DATA FORMS. PARENTS ARE RESPONSIBLE TO SUBMIT CHANGES IMMEDIATELY.**

PRIORITY	FULL NAME	RELATIONSHIP	CONTACT NUMBERS
#1-			Daytime# ()____-_____ Alternate# ()____-_____
#2			Daytime# ()____-_____ Alternate# ()____-_____
#3			Daytime# ()____-_____ Alternate# ()____-_____
#4			Daytime# ()____-_____ Alternate# ()____-_____
#5			Daytime# ()____-_____ Alternate# ()____-_____
#6			Daytime# ()____-_____ Alternate# ()____-_____

NAME OF SIBLING ATTENDING READY ACADEMY: _____

NAME OF SIBLING ATTENDING READY ACADEMY: _____

****Persons not authorized to pick-up child. Please be advised that appropriate legal documentation**
 (ie: divorce/custody agreement), must be submitted if a parent is not authorized to pick up the child.**

(1) _____

(2) _____

Parent/Guardian Signature _____ Date ____/____/____

FIRST BAPTIST CHURCH READY ACADEMY CHRISTIAN SCHOOL

MEDICAL INFORMATION & PARTICIPATION/TRAVEL/WALK PERMISSION FORM - PART I

NAME OF STUDENT: _____
(LAST) (FIRST) (FULL MIDDLE NAME)

☐ **MARK ONLY for DECLINATION** of child **NOT** granted permission to participate in READY Academy's transportation for field trips.

Physician's Name: _____

Physician's Phone #: (_____) _____ - _____ Hospital/Clinic Preference: _____

Date of Last Tetanus Immunization: ____/____/____ Allergies: _____

Medical Conditions: _____ Medications: _____

● **Initial:_____ Current School Physical Form and Immunization or Official Verification of Child's Next-Scheduled Wellness Visit on Physician's Stationery MUST ACCOMPANY CHILD'S CURRENT PHYSICAL AND IMMUNIZATION RECORD (COMPLETED WITHIN THE LAST 12MONTHS OF THE STUDENT STARTING SCHOOL). STUDENTS WILL NOT BE ALLOWED TO BEGIN CLASSES WITHOUT DOCUMENTED PROOF OF THEIR NEXT-SCHEDULED WELLNESS VISIT.**

● **Initial:_____ Medication Administration Treatment Form MUST BE COMPLETED BY PHYSICIAN AND PARENT FOR EACH MEDICATION ADMINISTERED AT THE SCHOOL. *** All Medication(s) must be in the original, sealed, container with the adhesive prescription label attached, accompanied with its designated MAT Form***See School Receptionist for MAT Form**

● **Initial:_____ An Action-Treatment-Plan is required for EACH of a student's diagnosis (ie: Allergies, Asthma, Seizures, Etc.) ***See Physician's Office for Action-Treatment-Plan**

Has the child been diagnosed for learning disabilities? ☐ Yes* ☐ No

Does the child have any challenges/concerns? ☐ Yes* ☐ No

Does the child have any particular fears or special concerns? ☐ Yes* ☐ No

Does the child have an active 504 plan or IEP? ☐ Yes* ☐ No

*** Note: The READY Academy/Camp does not provide Special Education Services. If either of the above questions received a "YES" answer please explain on the STUDENT INFORMATION FORM in the "OTHER INFORMATION" section. ***

MEDICAL AUTHORIZATIONS / PERMISSION TO TREAT

I/We the parents/guardians give authorization for the child to participate in READY Academy's transportation and field trips. The READY Academy Christian School/Camp agrees to notify parent/legal guardian as soon as possible when child becomes ill. When notified of child's illness, the parent/legal guardian agrees to pick up the child from the READY Academy Christian School /Camp within one hour of being contacted. The parent/legal guardian gives the READY Academy/Camp permission to obtain immediate medical care for the child in case of serious injury or illness. I /We hereby authorize members of READY Academy Christian School/Camp to take such measures as deemed appropriate when my child is ill and/or injured. Furthermore in the event of serious illness and/or injury the rescue squad may be utilized; and examination, anesthesia, x-ray, medical and/or surgical diagnosis treatment, and hospital care may be rendered by, under supervision, and/or on the advice of appropriate medical personnel. In such event, I understand that members of the READY Academy Christian School/Camp will make reasonable efforts to contact a parent, guardian, emergency contact, physician and/or dentist as feasible under the circumstances.

Parent/Guardian Signature _____ Date ____/____/____

FIRST BAPTIST CHURCH READY ACADEMY CHRISTIAN SCHOOL

MEDICAL INFORMATION & PARTICIPATION/TRAVEL/WALK PERMISSION FORM - PART II

NAME OF STUDENT: _____ (Last) _____ (First) _____ (Middle)

I/We, the undersigned do give permission for the above minor to participate in the READY Academy/Camp/Church youth activities at/or sponsored by First Baptist Church/ READY Academy/Camp/Church. I/We also give permission for my/our child to be transported by Chartered Bus/Church bus or van/walked by/with First Baptist Church READY Academy/Camp/Church during his/her duration as a student/camper at READY Academy Christian School.

Parent/Guardian Signature _____ Date ____/____/____

Parent/Guardian: _____ (Last) _____ (First) _____ (Middle)

Home/Work#: () - Cell#: () -

Emergency Contact: _____
(Last) (First) (Middle Initial)

Relationship to Student: _____

Home/Work#: () - Cell#: () -

I/We understand that First Baptist Church READY Academy/Camp/Church will provide adequate adult supervision and do all in its power to prevent accident or injury. However, should an accident or injury occur, I/We understand it is my/our responsibility to provide medical coverage. I/We therefore give permission for emergency medical treatment to be administered to my child by a qualified medical personnel; during his/her duration as a student/camper at READY Academy Christian School.

Insurance Company: _____ **Policy #:** _____

Physician's Name: _____ Physician's Telephone#: (____) _____ - _____

I am/We are the parent(s) or legal guardian(s) of the above-mentioned minor. By signing this form, I/We release forever discharge and agree to hold harmless First Baptist Church READY Academy/Camp/Church; the pastor, officers and staff for any injury incurred as a result of participating in a First Baptist Church READY Academy/Camp/Church sponsored activity during his/her duration as a student/camper at READY Academy Christian School.

Parent/Guardian Signature _____ Date ____/____/____

RELEASE FORM

NAME OF STUDENT: _____
(Last) (First) (Full Middle)

Dear Parents:

Throughout the school year, your child/children will be participating in school events, such as field trips, school programs, Student of the Week, etc., wherein the school will take pictures, conduct live streaming, and post on school related social media sites, etc. Please respond and sign below:

Please check ONLY the appropriate box below:

☐ **YES**, You may use my child's picture(s) and/or image(s) to include but not limited to: live streamed performances, television viewing, newspaper/other print related publications, marketing, social media; school events such as: field trips, school programs, Student of the Week, and posting on school related social media sites, etc.

☐ **NO, DO NOT** use my child's picture(s) and/or image(s) to include but not limited to: live streamed performances, television viewing, newspaper/other print related publications, marketing, social media; school events such as: field trips, school programs, Student of the Week, and posting on school related social media sites, etc.

Please sign below:

Parent/Guardian Signature _____ Date ____/____/____

This "Release" is to be signed for the current school year. Thank you for your help in spreading the good news about First Baptist Church READY Academy Christian School.

Thank You,
Fatima Joyner, Principal