

Grace Arms of Antioch - Non-Profit Agency
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2021 SUMMER CAMP APPLICATION

June 14 - July 30, 2021 Mon - Fri 8am - 6pm

The purpose of this document is to collect important information about your child(ren) so that the Grace Arms of Antioch Summer Camp Program can plan, maintain, and make appropriate decisions about the welfare of your child(ren) while he/she attends activities under the directions of the **Summer Camp Program Team**. The cost is \$80 per week, \$40 for two children, or \$10 per additional child for three or more children and a one time Registration Fee of \$25 per child, which is **"NON-REFUNDABLE"**. **The Summer Camp weekly fee does not cover all field trips expenses. Parents will be notified of the field trip cost. Please complete the form below.** Please mark "N/A" for questions that do not apply to your child (ren). Please **do not** fill out a separate form for additional children unless you have more than three children. Please see the attached guidelines GBF Summer Camp Staff will follow in regards to the Covid-19 pandemic. Thank you for your cooperation.

FAMILY INFORMATION

Date of Birth:

Child's Name(s): 1. _____ 1. _____

Child's Name(s): 2. _____ 2. _____

Child's Name(s): 3. _____ 3. _____

Parent's Name(s): _____ Home Phone: (____) _____

Address: _____ City/Zip Code: _____

Email Address: _____

Best day to volunteer your time: _____ Are you a GBF Member: Yes _____ No _____

FOOD RESTRICTIONS: Please state **ALL** known allergies (i.e. peanuts, chocolate, strawberries, etc.).

ILLNESSES

Please inform the GBF Staff Members of any known illness/conditions (i.e., seizures, asthma, allergies, ADD, etc.)

Comments: _____

Parent/Guardian: Please plan to meet with one of the Summer Camp Staff Coordinators to discuss your child's needs.

What would be the best time to call or meet with you? _____

Who is authorized to pick up your child (ren)? _____

Name

Phone Number

Name

Phone Number

Medical Insurance Carrier: _____ Medical ID# _____

In the event of sudden illness or accident requiring minor attention, Grace Arms Staff Member is authorized to administer first aid and if necessary take my child for emergency treatment to a doctor's office or hospital: _____

Parent/Guardian Signature: _____ Date: _____

Comments: _____

By enrolling my child(ren) in the Grace Arms of Antioch 2021 Summer Camp, I give the Staff Coordinator, its representatives and employees the right to take photographs of my child(ren) for marketing purposes only.