

## SUMMER PROGRAM ENROLLMENT FORM

Apostles Learning Center  
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### Office Use Only

Date of Entry \_\_\_\_\_  
Class: Summer Camp  
Check # \_\_\_\_\_ Amt \_\_\_\_\_

### **Please Print Clearly**

Name of Child \_\_\_\_\_ Name Used \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Grade Level \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Parent's/Guardian Name** \_\_\_\_\_ Home Phone \_\_\_\_\_

Where Employed \_\_\_\_\_ Bus. Phone \_\_\_\_\_ Cell \_\_\_\_\_

Employment Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

**Parent's/Guardian Name** \_\_\_\_\_ Home Phone \_\_\_\_\_

Where Employed \_\_\_\_\_ Bus. Phone \_\_\_\_\_ Cell \_\_\_\_\_

Employment Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

I give permission that my child may be released to the person (s) below (Must include name, phone number and relationship to parent/ guardian) :

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Emergency contacts when parents/ guardians cannot be reached: (Must include name, phone number and relationship to parent/ guardian):

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

In the event that none of the above can be reached, I authorize ALC to seek emergency treatment if needed.

Does your child have any allergies or chronic medical problems? \_\_\_\_\_ If so, please name \_\_\_\_\_

Symptoms exhibited? \_\_\_\_\_

Are there any medical, mental, or emotional problems of which we should be aware? \_\_\_\_\_

Does your child require any dietary modifications? \_\_\_\_\_ If so please list: \_\_\_\_\_  
(A written note is required by licensing to be on file from a doctor if for medical reasons or from parents if for religious reasons)

Meals (breakfast, lunch, and afternoon snacks) are provided each day at no additional cost. **A registration fee of \$65.00 is required to secure your child's place in our summer enrichment program. I understand that if my child does not begin enrollment during the first week indicated, my registration fee is non-refundable. I also understand that if my weekly tuition is not received by 6 p.m. on Tuesday, a late fee of \$10 will be charged.**

**Tuition: 275.00 per week (Discount of 30.00 off 5<sup>th</sup> week)**

\*Camp session begins Monday, May 17<sup>th</sup> through Friday, August 6<sup>th</sup>.  
(closed Monday, May 31<sup>st</sup> for Memorial Day & Monday, July 5<sup>th</sup> for Independence Day Observed)

My child will attend camp these following weeks:

May 17th \_\_\_\_\_ June 7<sup>th</sup> \_\_\_\_\_ June 28th \_\_\_\_\_ July 19<sup>th</sup> \_\_\_\_\_

May 24th \_\_\_\_\_ June 14th \_\_\_\_\_ July 5<sup>th</sup> \_\_\_\_\_ July 26<sup>th</sup> \_\_\_\_\_

May 31st \_\_\_\_\_ June 21<sup>st</sup> \_\_\_\_\_ July 12th \_\_\_\_\_ Aug 2<sup>nd</sup> \_\_\_\_\_

**PARENT SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_