



# SUMMER APPLICATION

Campus: Gladstone Road

Caves Village

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

## PARENTAL INFORMATION:

**Father's Full Name:** \_\_\_\_\_

Home Address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Occupation: \_\_\_\_\_ Branch/Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

**Mother's Full Name:** \_\_\_\_\_

Home Address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Occupation: \_\_\_\_\_ Branch/Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

## PICK UP: PERSONS AUTHORIZED TO COLLECT CHILD

In the event of an emergency, in which case either of the parent's cannot be reached, the following persons are authorized to collect my child.

Please place contacts in the order that you would like contact to be made.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## MEDICAL

Does your child have any medical conditions or allergies we should be aware of: Yes No

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FIRST AID & EMERGENCY CARE**

In the event of an emergency, I authorize the staff of Royal Kidz Academy to provide any first aid procedure/s deemed necessary for my child.

Further,

In the event of an emergency in which I cannot be reached, Royal Kidz Academy hereby receives authorization to have Dr. \_\_\_\_\_ or \_\_\_\_\_ hospital attend to my child and to provide any emergency care deemed necessary for my child.

Further,

I also hereby authorize the transfer of my child's health records to the hospital indicated above.

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

Full Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**STATEMENT OF UNDERSTANDING**

This document is a requirement to the condition of the enrollment of your child into our summer program. The free choice made by each parent for their child/children to become a part of a particular school is one of the keystones to an independent education. Royal Kidz Academy has concluded therefore that as you have chosen our establishment for your child's summer experience, you are aware and are willing to abide by the rules and expectations under which the school operates. The registration of your child at Royal Kidz Academy Summer Program, further represents a commitment to abide by the disciplinary procedures as they are published within our school handbook found on the school's website.

You hereby understand that:

Summer camp fees are non-refundable and non-transferrable.

Credit will not be given for sick days, vacation days, holidays, camp uniforms, breakfast fees, lunch fees, nor the withdrawal of your child from the Royal Kidz Academy Summer Program.

Summer Fees must be paid bi-weekly in advance.

Your signature indicates that you understand your responsibility (whether your child is sick or absent from school) to pay summer tuition for the entire week. Your signature indicates that you will not hold Royal Kidz Academy responsible for any injuries, sickness, or medical expenses incurred during your child's enrollment in our summer program nor during field trips.

**PLEASE NOTE: Sick children are not allowed on school premises.**

**Your signature indicates your compliance to observe Covid-19 social distancing protocols. Failure to do so will result in removal from the program. Any fees paid will be forfeited upon removal from the program. These rules must be adhered to by students and parents alike. Your signature indicates that you will not hold Royal Kidz Academy responsible should your child contract Covid-19 during your child's enrollment in our summer program.**

Mother's Full Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_

Signature: \_\_\_\_\_