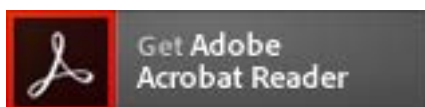


Directions for filling out the International English Camp Application:

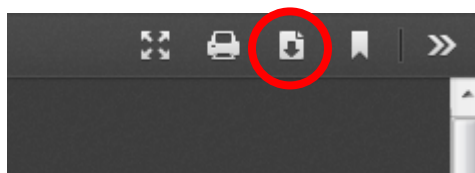
1. Use **Adobe Acrobat Reader** to view form.

- Click link below if download of Adobe Acrobat Reader is necessary.

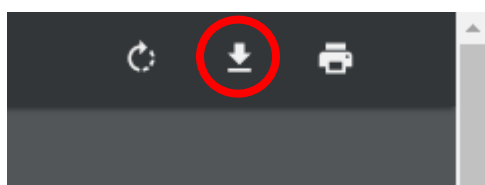


2. Please **DOWNLOAD and OPEN** file locally before completing by clicking the download icon in browser being used.

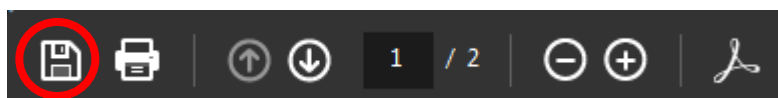
- **Firefox browser**



- **Google Chrome browser**



- **Internet Explorer browser**



3. Please submit the completed form to the School Office.



INTERNATIONAL ENGLISH CAMP
SUMMER 2024
(PLEASE TYPE OR PRINT IN **BLACK** OR **BLUE** INK.)

Choose all that apply:

Enrolled at HCA for SY 2024-25: Yes No Next Grade: _____

Session 1: Immersion Program* (1st-12th)

\$200 a week per student

- 6/03-6/07 6/10-6/14
 6/17-6/21 6/24-6/28

Session 2: Adventure Program** (1st-12th)

\$350 a week per student

- 7/15-7/19 7/22-7/26

*Late Stay (3:30-5:00 p.m.) is \$15 per day (due on Fridays).

**No Late Stay for Session 2

Student Information:

Last Name: _____ First Name: _____ English Name: _____

Birthdate: _____ Age(in USA): _____ Home Phone: _____ Male: Female:

Mailing Address: _____

Father's/Guardian's Last Name: _____ First Name: _____

Cell Phone: _____ Work Phone: _____ Email: _____

Mother's/Guardian's Last Name: _____ First Name: _____

Cell Phone: _____ Work Phone: _____ Email: _____

Emergency Contact:

Mr. Mrs. Miss Last Name: _____ First Name: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Medical Information:

Last PPD Date: _____ (>1/1/24?) OR Last TB X-Ray Date: _____ (>4/1/24?) w/ TB Form (if skin test positive)

Does your child have any drug allergy? Yes No If yes, please explain: _____

Does your child have any food allergy? Yes No If yes, please explain: _____

Does your child have any serious illness? Yes No If yes, please explain: _____

Does your child have any heart problems? Yes No Does your child have any convulsions? Yes No

Does your child have any physical handicap? Yes No If yes, please explain: _____

Does your child take medicine on a regular basis? Yes No If yes, please explain: _____

Does your child have any restrictions on physical activity? Yes No If yes, please explain: _____

Do you give permission for your child to receive Tylenol or any over-the counter medication if the need arises? Yes No

By signing below, I agree to pay the applicable fees and submit the required documents with this application. I understand that the fees are non-refundable. I also understand that I am responsible for other additional costs (food from the cafeteria, extended care, etc.) incurred while my child is attending any summer programs of Harvest Christian Academy. I hereby give my child permission to attend field trip activities upon notification. I hereby release HCA and its agents from liability for any injuries resulting from my child's attendance. I grant permission to use photos from activities in their promotions. I understand my child must be able to follow all teacher instructions and participate in class. Behavior issues that cause safety issues may result in suspension. All behavior concerns must be directed to the International Director. As a parent, I agree to support the Administration of Harvest Christian Academy; however, should I feel I can no longer support the Administration, I will promptly withdraw my child. To my knowledge, all information is complete and correct.

DATE

PRINT NAME

PARENT'S/GUARDIAN'S SIGNATURE

| | |
|--------------------------------|--------------------------------|
| FOR OFFICE USE ONLY: | |
| Date: _____ | Time: _____ |
| Excel <input type="checkbox"/> | FACTS <input type="checkbox"/> |