



Pace Summer Programs

Summer Programs Application 2009

Parent Information:Camper lives with: Parents Mother Father Other _____Father/Legal Guardian: _____
First name Last name

Company and title: _____

Work phone: _____ Ext. ____ Cell: _____ Email: _____

Mother/Legal Guardian: _____
First name Last name

Company and title: _____

Work phone: _____ Ext. ____ Cell: _____ Email: _____

Home Phone: _____

Home Address: _____
Street City State ZIP**EMERGENCY CONTACT INFORMATION (other than parent)**

1. Name(s): _____ Relation: _____

Phone _____ Please circle one: home work cell Alternate Phone _____ Please circle one: home work cell

2. Name(s): _____ Relation: _____

Phone _____ Please circle one: home work cell Alternate Phone _____ Please circle one: home work cell

TERMS AND CONDITIONS: I hereby apply for admission of my child(ren) to Pace Academy Summer Programs. By signing this form I have read, understood and accepted the policies stated in the Pace Academy Summer Programs brochure or located on the website.

PARENT SIGNATURE _____ Date: _____

Medical Release:

In the event that a bee sting, insect bite or food allergy causes a mild or rapid life-threatening reaction in my child(ren), I give my permission to the camp staff member to administer Benedryl (by mouth) or Adrenalin (by injection) or both, prior to emergency care. In the event that I cannot be reached or contacted before emergency medical care is instituted on my child(ren) for any reason, I give my permission to the Pace Summer Programs staff or hospital emergency staff to proceed with whatever treatment is necessary.

Camp counselors may apply bug spray to my child(ren) for outdoor activities. Yes No
Camp counselors may apply sunscreen to my child(ren) for outdoor activities. Yes No

PARENT SIGNATURE _____ Date _____

Child(ren)'s Doctor _____ Phone _____

Medical insurance company: _____

Camper 1 Information (Additional camper next page)

Name: _____

Birth date: _____ Gender: Male Female

How did you find out about camp? _____ Previous camper? No Yes If yes, when? _____

School child attends: _____ Grade completed this school year: _____

Swimming ability: Non-swimmer Beginner Intermediate Advanced

T-shirt size: Child XS Child S Child M Child L Adult S Adult M Adult L Adult XL

Please try to group my child with his/her friend(s)*: _____
(*Please limit to no more than three suggestions)

MEDICAL HISTORY (Camper 1)

PLEASE LIST ANY MEDICAL PROBLEMS AND/OR ALLERGIES*. If your child has allergies or intolerance to certain foods, please be advised to supply your child with food or drink that is suitable. If none, please write "none."

**Because some programs include lunch, please include ANY food allergies your child has, as well as any food products your child may not have (e.g. pork, beef, etc.).*

My child may have: Tylenol Motrin Benedryl Tums The following over-the-counter medications: _____

MEDICATIONS

Camper takes no medication on a routine basis at home.

Camper takes the following medication on a routine basis at home: _____

Camper will need to take the following medications at camp:

Name of medication: _____

Dosage: _____ Frequency: _____

I hereby register my child for the following programs:

Program name: _____ Session(s)/Time(s): _____ \$ _____

Program name: _____ Session(s)/Time(s): _____ \$ _____

Program name: _____ Session(s)/Time(s): _____ \$ _____

Program name: _____ Session(s)/Time(s): _____ \$ _____

Subtotal: \$ _____

Registration fee: + \$ 25 _____

Total due: _____

Amount enclosed: _____

PARENT SIGNATURE _____ Date _____

Camper 2 Information

Name: _____

Birth date: _____ Gender: Male Female

How did you find out about camp? _____ Previous camper? No Yes If yes, when? _____

School child attends: _____ Grade completed this school year: _____

Swimming ability: Non-swimmer Beginner Intermediate Advanced

T-shirt size: Child XS Child S Child M Child L Adult S Adult M Adult L Adult XL

Please try to group my child with his/her friend(s)*: _____
(*Please limit to no more than three suggestions)

MEDICAL HISTORY (Camper 2)

PLEASE LIST ANY MEDICAL PROBLEMS AND/OR ALLERGIES*. If your child has allergies or intolerance to certain foods, please be advised to supply your child with food or drink that is suitable. If none, please write "none."

**Because some programs include lunch, please include ANY food allergies your child has, as well as any food products your child may not have (e.g. pork, beef, etc.).*

My child may have: Tylenol Motrin Benedryl Tums The following over-the-counter medications: _____

MEDICATIONS

Camper takes no medication on a routine basis at home.

Camper takes the following medication on a routine basis at home: _____

Camper will need to take the following medications at camp:

Name of medication: _____

Dosage: _____ Frequency: _____

I hereby register my child for the following programs:

Program name: _____ Session(s)/Time(s): _____ \$ _____

Program name: _____ Session(s)/Time(s): _____ \$ _____

Program name: _____ Session(s)/Time(s): _____ \$ _____

Program name: _____ Session(s)/Time(s): _____ \$ _____

Subtotal: \$ _____

Registration fee: + \$ 25 _____

Total due: _____

Amount enclosed: _____

PARENT SIGNATURE _____ Date _____

Registration Fee Information

Please enclose complete payment (Camp fees plus \$25 application fee) along with your application or pay with MasterCard or Visa online. Payment is due upon registration. **Camp attendance is contingent upon all fees being paid prior to the start of camp. Fees will not be pro-rated for partially attended sessions.**

Schedule Changes:

Changes may be made at no charge if the total number of sessions remains the same or is increased.

Administrative charges for dropping sessions (if the total number of sessions is decreased):

\$25 for each session dropped before May 6, 2009

\$35 for each session dropped after May 6, 2009

\$50 if notification of dropping a session is not received at least two weeks prior to the start of that session

If all camp sessions are dropped prior to two weeks before the start of the session, all paid fees will be returned less \$150 plus the administrative fee of \$25. If all sessions are dropped less than two weeks before the start of the session, no refunds will be given.

Any request for enrollment changes cannot be guaranteed and will be handled on a case-by-case basis. Balances are due by May 4, 2009.

IMPORTANT NOTICES:

Application packets, including the 2009 application and required payment, must be complete in order to be processed.

Incomplete application packets will not be processed and may be returned for completion.

Parents will be given the wait list option if all requested programs are full.



Pace Summer Programs

966 W. Paces Ferry Rd NW
Atlanta, GA 30327

Phone: 404-240-9130
Fax: 404-240-9135

Email: pacecamp@paceacademy.org

www.PaceCamp.com