



# Pace Summer Programs

# Summer Programs Application 2010

**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. 1**

### 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 4, 2010

\$35 for each session dropped after May 4, 2010

\$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, 2010.

### IMPORTANT NOTICES:

Application packets, including the 2010 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.



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### Pace Summer Programs

966 W. Paces Ferry Rd NW  
Atlanta, GA 30327

Phone: 404-240-9130

Fax: 404-240-9135

Email: [pacecamp@paceacademy.org](mailto:pacecamp@paceacademy.org)

[www.PaceCamp.com](http://www.PaceCamp.com)