



Cumberland Academy of GEORGIA

“An Exceptional School for Exceptional Students”

APPLICATION FOR ENROLLMENT TO SUMMER CAMP

I hereby make application for my child, _____ to be enrolled as a camper at CUMBERLAND ACADEMY OF GEORGIA.

STUDENT INFORMATION

Student's Name: _____ Session Dates Attending _____

Date of Birth _____ M / F (circle) Grade _____ Current School: _____

Mother's Name: _____ Father's Name: _____

Address: _____

Home Phone: _____ Cell phone (mom): _____

Cell phone (dad): _____ Work phone (mom): _____

Work phone (dad): _____ E-mail address(es): _____

Emergency contact other than parent _____

Please indicate if parents are not living together, who has custody of the child. Please indicate if one or both parents are deceased, who has custody of the child. Please indicate if the child has a guardian. _____

Please list any medical conditions (and/or) diagnoses **and allergies**: _____

Is Epipen required? N Y If yes, is being Epipen provided? N Y

Please list all medication and dosages your child is currently taking: _____

Will medication be dispensed at camp (OTC or prescription)? N Y Note: A separate medication form will be required by Cumberland.

Additional Comments / Information: _____

I will pay the non-refundable camp fee by (circle one): Check Credit Card (3% fee) Other
Check # _____ Explain other _____