

ACADEMY FOR LIFE TRANSFORMATION, INC.
MEMORIAL UNITED METHODIST CHURCH
1327 Cedrow Drive
High Point, NC 27260
(336) 889-4501

STUDENT APPLICATION
2009 Summer Camp

APPLICATION MUST BE RETURNED WITH \$60 APPLICATION FEE

Application will not be accepted without application fee!

General Information

Student's Name: _____ Date of Birth: _____

Address: _____

Mother's Name: _____

Home/cell phone: _____ E-mail address: _____

Mother's Employer/Phone: _____

Father's Name: _____

Home/cell phone: _____ E-mail address: _____

Father's Employer/Phone: _____

Guardian's Name: _____

Home/cell phone: _____ E-mail address: _____

Guardian's Employer/Phone: _____

Elementary/Middle School Child Attended:

Grade for Fall 2009: _____

Do you attend a local Church? Yes No

If so, Where: _____ Pastor: _____

Do you practice a religion other than Christianity? Yes No

What special interests does your child have?

Does your child have any special needs? Yes No

If "Yes", please describe:

Is there anything you think we need to know about your child?

If "Yes", please describe:

Emergency Contact Information, #1

Name: _____ Relationship: _____

Daytime phone number: _____ Cell phone number: _____

Emergency Contact Information, #2

Name: _____ Relationship: _____

Daytime phone number: _____ Cell phone number: _____

Health Information

Health Insurance Carrier: _____

Insurance Policy Number: _____

Food or other Allergies: _____

Medications Currently Taking:

Dosage

When

- 1. _____
- 2. _____
- 3. _____

Use back of next page to list additional medications

List any Medical Conditions:

Are all of your child's shots up to date? Yes No

****Must provide a copy of your child(s) shot record(s)****

In the event of an emergency, if we are unable to reach a parent/guardian or emergency contact in a timely manner, Emergency Medical Services will be contacted. Neither The Academy for Life Transformation, Incorporated, nor Memorial United Methodist Church will be responsible for expenses related to medical treatment.

Agree: Yes No

Parent/Guardian Signature _____

Date: _____

Instrument Preference and Special Permissions

Instrument preference (Please rank 1st or 2nd)

_____ Violin _____ Keyboard

What do you hope your child will gain from this experience?

An important part of the Character Building Music and Arts Camp is filmmaking. May we photograph, videotape and/or audiotape your child during his/her camp experience? Yes No

All taped materials will be the property of Memorial United Methodist Church to be used for publicity and promotional purposes and other purposes as determined appropriate.

Do you give your child permission to use the Internet? Yes No

Do you give your child permission to participate in Christian devotions and instruction? Yes No

Parent/Guardian Signature: _____

Date: _____

****A LETTER OF RECOMMENDATION FROM A NON-FAMILY MEMBER
(Teacher, Pastor, Principal, Counselor, etc.)
SHOULD BE SUBMITTED WITH APPLICATION FOR CONSIDERATION**

PARENT'S OBSERVATION

Does your child have any special academic needs: Yes No

If yes, please explain: _____

What are your child's academic strengths and weaknesses?

In what areas does your child need to improve?

Office Use Only

Student Name: _____

Notes: _____

Accepted: Yes No

TEACHER'S OBSERVATION

This form will be picked up from school by camp representative

Student's Name: _____

Student's School: _____

Student's Teacher: _____

I give permission to _____ (school) to release my child's reading and math scores, and information regarding behavioral concerns or needs to the Academy for Life Transformation, Inc.

___ **Yes**, I give my permission for school to release information

___ **No**, I do not give permission for school to release information

Parents Signature _____

Date _____

Does this student have any special academic needs: Yes No

If yes, please explain: _____

What are the student's academic strengths and weaknesses?

In what area(s) does the child need to improve?

Office Use Only

Student Name: _____

Notes: _____

Accepted: Yes No