



Pearl Academy Math & Science Institute

1722 Harbin Road SW Atlanta, Georgia 30311

(404) 344-2777

[www.pearlacademy.org](http://www.pearlacademy.org)

# Summer Camp Application

Camper's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Current Age \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Special Interest/Hobbies: \_\_\_\_\_

\_\_\_\_\_

Current School Attending: \_\_\_\_\_ Grade Level: \_\_\_\_\_

## **PARENT/ GUARDIAN INFORMATION**

Parent/Guardian (1): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Parent/Guardian (2): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

PERSONS AUTHORIZED TO PICK UP MY CHILD EACH DAY OR IN THE EVENT OF AN EMERGENCY:

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Camper(s) T-Shirt Size: \_\_\_ YS \_\_\_ YM \_\_\_ YL \_\_\_ AS \_\_\_ AM \_\_\_ AL \_\_\_ AXL

**Early Registration starts: May 15th**

**Camp Attire:**

Campers are provided one camp T-Shirt included in the cost of camp fees. Campers should wear long pants and closed toe shoes. Camp T shirt should be worn on all field trips.

**Lunch**

All campers must bring a bag lunch that does not require heating and 2-3 bottles of water

**Weekly Camp Fees**

\$100 weekly (due the first Monday of each week)

10% discount available to parents enrolling more than one child

**Camp Hours:**

8:00am – 4:30pm

**CONDITIONS OF THE APPLICATION (Guardian must read and sign below)**

1. I am aware that my child must follow the rules and regulations of the summer camp. I understand that this camp is operated by Pearl Academy, Inc. I agree to release and hold harmless its officers, agents, and employees, while acting in their capacities as such, from any and all claims of liability which may arise in any manner or form from my child's participation in this camp.
2. I hereby authorize the Pearl Academy Summer Camp staff to act for me, according to their best judgment, in any medical emergency. I understand that if medical treatment is deemed necessary I will be informed as soon as possible. As parent/guardian of the aforementioned child, I take full responsibility for payment of injuries that may occur during the Pearl Academy Summer Camp and I hereby waive and release said persons from any liability of illness/injury while attending camp.

3. I hereby consent to the taking of photographs, movies, internet use and videotapes of my child by Pearl Academy Summer Camp or its designated representatives. I also grant the right to edit, use and re-use said products of any and all educational, public service or non-profit purposes. I release any rights, title and interest we or the child may have in said products.

**Grant Permission**     **Do Not Grant Permission**     **Parent/ Guardians Initials**

List any specific medical conditions or behavioral problems

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Does your child have allergies or dietary restrictions?     Yes     No    Please list below

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Are there any activities in which your child may not participate?

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Will your child be taking medications during camp hours? If yes please list below

Medication: \_\_\_\_\_ Time: \_\_\_\_\_

Medication: \_\_\_\_\_ Time: \_\_\_\_\_

**Signature of Parent/ Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**Registration Requirements**

Please make sure that you have completed the following checklist for complete registration.

- Summer camp application form
- Check for \$100 Payable to Pearl Academy (for first week of camp)
- Copy of Insurance Card (if applicable)
- \$25.00 application fee

List any specific academic skills that you would like for your child to learn over the summer

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