



Summer Academy
Registration 2023

check ___ cash ___ charge ___ hold ___

Student Information:

Child's Full Name: _____ Grade entering: _____
Birth Date: _____ Current Age: _____ Gender: ___ Male ___ Female
Street Address: _____
City: _____, AR Zip: _____

Does your child have a physical or emotional health issue of which the school should be aware? This may include special diets,
prescriptions, allergies, counseling, or limitations on normal activities? Yes ___ No ___
Please explain: _____

Parent/Primary Guardian Information:

Primary Guardian Name(s): _____
Cell Phone: _____
Father's Name: _____ Mother's Name: _____
Cell Ph#: _____ Cell Ph#: _____
Work Ph#: _____ Work Ph#: _____
Email: _____ Email: _____

Student lives with (check all that apply):
___ Father ___ Mother ___ Stepfather ___ Stepmother ___ Other: _____
Parents are: ___ Married ___ Divorced ___ Separated ___ Father deceased ___ Mother deceased
If divorced, special arrangements: _____

Custodial agreement: It is the policy of Avilla Christian Academy to afford custodial and non-custodial parents the same access to their children and the same
rights and responsibilities toward their children as long as it does not violate any court approved decree. The non-custodial parent is given access to any and all
information with regard to his/her child's attendance and participation in Avilla Christian Academy as long as it does not violate any court approved decree. It is
also the policy to allow the non-custodial parent free access to his/her child during the school day for activities, lunch, and transportation to and from school as
long as it does not violate any court approved decree. Any other arrangements need to be provided to the Principal, in writing with either a court order or an
agreement signed between both parents.

Siblings' Names: _____ Age: _____ Grade: _____ School Attending: _____

Mass communication: ACA will occasionally communicate information and updates through mass email and/or text message. I would
like the following to be added to this list:

Email: _____ Cell Ph#: _____
Email: _____ Cell Ph#: _____

Family Church Membership:

Church: _____ Pastor: _____
Is student baptized? ___ Yes ___ No Enrolled in Sunday school? ___ Yes ___ No



Mission statement: To make disciples of Jesus Christ who will be equipped spiritually, socially, and academically to
further God's kingdom in this world

Photo/Video Release:

Except for areas I indicate below, I acknowledge that photographs or videos taken of my child while he/she is at Avilla Christian Academy or its sponsored events may be used for school advertising, school bulletin boards, school newsletter, school online media such as our ACA website and ACA Facebook pages. No pictures put online will contain any identifying information about the child.

I _____ give my consent to ACA to use my child's photographs and/or videos to be used in any of the places mentioned in the above paragraph except for the following (check all that apply):
___ advertising ___ bulletin boards ___ ACA newsletter ___ ACA website ___ ACA Facebook page

Signature

Date

Student Records:

I agree to provide Avilla Christian Academy with the following records by the first day of camp: current shot record, health and emergency form, and registration form. I understand that failure to do so may result in my child not being allowed to attend Avilla Christian Academy.

Immunization Records (Up to date)

Signature

Date

My child/ children _____ will attend the following days each week of summer camp.

***If attending part time please note the days chosen below will remain the same each week throughout summer camp 2022 as these registrations are how we staff our weeks.**

Monday

Tuesday

Wednesday

Thursday

Friday

How did you hear about ACA? _____