



Solid Rock Christian School

A Ministry Outreach of Solid Rock Worship Center, Inc.
 21951 US Highway 441 - P.O. Drawer 236
 Mt. Dora, Florida 32756-0236
 Ph: (352) 735-5777 Fax: (352) 735-1084
 Web: www.SolidRockFla.org

Solid Rock Christian School Enrollment Application

Summer Camp

Student Information

Last Name	First Name	Middle Name	Nick Name
Street Address		City	State Zip Code
Date of Birth	Home Phone #	Male ____ Female ____	
Student lives with: Both Parents ____ Father ____ Mother ____ Legal Guardian ____ Other ____ If other, please explain _____			

Family Information

Father's Name	Cell Phone	Mother's Name	Cell Phone
E-mail Address		E-mail Address	
Occupation	Work Number	Occupation	Work Number
Employer		Employer	
Home address (if different from student) Street address _____ City _____ State _____ Zip Code _____ Home Phone _____		Home address (if different from student) Street address _____ City _____ State _____ Zip Code _____ Home Phone _____	
Sibling's (names and ages)			

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Emergency Information

Name of person to contact if parent cannot be reached:	Relationship	Phone #	Authorized to pick up? Yes ___ No ___
Name of person to contact if parent cannot be reached:	Relationship	Phone #	Authorized to pick up? Yes ___ No ___
Name of person to contact if parent cannot be reached:	Relationship	Phone #	Authorized to pick up? Yes ___ No ___
Name of Doctor	Street Address	City/St/Zip	Phone #
Name of Insurance Company	Policy Number	Primary Cardholder	

In the space below, please provide any additional information about your child that you feel the school should know. For example: recent events that have impacted your child significantly (death, divorce, separation, etc.), any medical conditions that we should be aware of (medication taken regularly, physical limitations, allergies).

From time to time, students of Solid Rock Christian School will have their pictures taken, their voices recorded and their images captured on video. Part or all of these materials may be used by the Solid Rock Worship Center, Inc. media department in print, internet, radio or television advertising or as part of a program that will be broadcast over radio, internet or television. If you would like your child's image to be excluded from use by our media department, please check the box below. If not, your signature on this application will indicate your expressed consent for Solid Rock Worship Center, Inc. to use your child's voice and image in any and all means deemed appropriate by our media department.

_____ Please exclude this child from use in media. (initial if desired)

PARENT SIGNATURE _____ Date _____

Summer Camp Code of Conduct 2016

1. Do not touch anyone.
2. Do not damage school or personal property.
3. Never leave campus, for any reason, without your parents / gaurdian pickup.
4. Obey all class rules.
5. Do not threaten anyone.
6. Do not run anywhere on campus with the exception of time on playground.
7. Be honest and respectful.
8. Do not “pick on” or “make fun” of other students.
9. Do not say bad words.
10. Always tell your teacher if something is wrong.

Violation of these items may result in parental notification, removal from the program or sitting out of certain events.

Student Signature

Parent Signature

Staff Signature

Date

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Authorization for Emergency Medical Care

In order to meet all legal requirements, I hereby authorize the Principal, the Children's Director of Solid Rock Christian School or the person he/she appoints, to give my consent for all necessary emergency medical treatment my child may require while in said individuals custody. In the event of serious illness or accident, and I cannot be immediately contacted, I give permission for my child to be transported by ambulance or other conveyance to a doctor's office, clinic, or hospital for immediate attention. In addition, I affirm that I will assume sole responsibility for all medical bills, including ambulance fees, which are incurred.

Authorization to Transport

In the event of an emergency that requires the school to vacate the premises and I and/or my contacts are unreachable, I hereby authorize the Principal, the Children's Director of Solid Rock Christian School or the person he/she appoints, to transport my child to a safe environment until I can be reached.

State of Florida
County of Lake.

Affirmed and subscribed before me this ____ day of _____, _____ by

Parent/Guardian Signature Print Name

Notary Seal Notary Signature

Personally known to me _____ or produced identification _____