



# JARVIS CHRISTIAN COLLEGE SUMMER ENRICHMENT PROGRAM

REGISTER TODAY  
START DATE JUNE 7, 2021 - AUGUST 6, 2021

AGE 5 - 14 YEARS

\$60 PER CHILD, \$30 FOR EACH ADDITIONAL CHILD  
PER FAMILY/ PER WEEK

JARVIS CHRISTIAN COLLEGE  
P.O. BOX 1470, US HWY 80 EAST  
HAWKINS, TX 75765

OUR ACTIVITIES  
BREAKFAST, LUNCH, & SNACK PROVIDED  
EDUCATIONAL PROGRAMS  
EXTRACURRICULAR ACTIVITIES  
(GAME ROOM/ MOVIES/ SPORTS/  
SWIMMING)

INITIAL PAYMENT  
DUE BY: MAY 21, 2021

FOR MORE INFORMATION PLEASE  
CONTACT: REV. ATKINS @ (903)730-4890 EXT. 2171



Jarvis Christian College  
**SUMMER PROGRAMS**  
June 7- August 6, 2021 | Hawkins, Texas

**APPLICATION FOR SUMMER PROGRAM**

PLEASE PRINT

CHILD/STUDENT NAME: \_\_\_\_\_  
Last First Middle

PARENT/LEGAL GUARDIAN NAME: \_\_\_\_\_  
Last First Middle

MAILING ADDRESS: \_\_\_\_\_  
Number/Street City/State/Zip

EMERGENCY CONTACT: \_\_\_\_\_  
Name Relationship

TELEPHONE NUMBER: \_\_\_\_\_ ALTERNATE NUMBER: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SEX:  MALE  FEMALE

TEE SHIRT SIZE:  S 6-8  M 10-12  L 14-16 |  Adult Small  Adult Medium  Adult Large  Adult 2X  Adult 3X

ETHNIC BACKGROUND:  Native American  African American  Asian American  
 Hispanic  White/Caucasian  Other

Do you have any physical condition or handicap that requires special medical treatment, or other considerations?  
 YES,  NO

If yes, please explain \_\_\_\_\_

NAME OF SCHOOL: \_\_\_\_\_ GRADE LEVEL: \_\_\_\_\_ AGE: \_\_\_\_\_

PLEASE SELECT DESIRED SUMMER PROGRAM(S):

**Summer Enrichment Program**  
Ages 5-14 | June 6-August 11, 2021 | Cost: \$45 per week for first child and \$20 for each additional child

Jarvis Christian College requires that all participants in this program wear masks when inside and practice social distancing. If participants do not have a mask, one will be provided. If participants refuse to wear a mask, they will not be allowed to participate in this program. Temperatures will be taken daily.

These activities are not sponsored or endorsed by any school district.

Jarvis Christian College  
**SUMMER PROGRAMS**  
EMERGENCY CONTACT AND LIABILITY RELEASE FORM

STUDENT NAME \_\_\_\_\_  
(Please print)

**EMERGENCY CONTACTS**

Parent/Guardian's Name: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Name of Other Emergency Contact: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

**HEALTH INFORMATION**

Please list any special health or dietary needs: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that my child is covered by accident and health insurance with \_\_\_\_\_  
\_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_  
Policy number: \_\_\_\_\_

I agree, in the event of injury to or illness of my child while participating in the SUMMER ENRICHMENT Program, to take care of the expenses incurred for the required treatment.

**LIABILITY RELEASE INFORMATION**

Accordingly, I, on behalf of myself, my heirs, and estate, hereby release and hold harmless the State of Texas, Jarvis Christian College, its medical services, Summer Enrichment Program, and their employees of any acts or omissions arising out of the medical care deemed necessary for my child.

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

\_\_\_\_\_  
*Date*

Jarvis Christian College  
**SUMMER PROGRAM**

**Meal Registration**

June 7 - August 6, 2021

Ages 5- 14

HAWKINS, TEXAS

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Family Name: \_\_\_\_\_

# of Children Participating: \_\_\_\_\_

Name and Age of Child: \_\_\_\_\_

Name and Age of Child: \_\_\_\_\_

Name and Age of Child: \_\_\_\_\_

Phone Number: \_\_\_\_\_

(Number where an adult can be reached in case of emergency)

Name of Other Emergency Contact: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**HEALTH INFORMATION**

Please list any special health, dietary needs or food allergies.

**LIABILITY RELEASE INFORMATION**

Accordingly, I, on behalf of myself, my heirs, and estate, hereby release and hold harmless the State of Texas, Jarvis Christian College, its medical services, Summer Enrichment Program, and their employees of any acts or omissions arising out of the medical care deemed necessary for my child.

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

\_\_\_\_\_  
*Date*

Jarvis Christian College  
**SUMMER PROGRAM**

**PARENTAL RELEASE AND CONSENT FORM**

Dear Parents,

This form must be completed if you will not be able to pick up your child, and will have a designated person to pick up your child at the end of the program daily session.

**NOTE: If a parent or guardian will not be able to pick up their child, the parent or guardian must complete this form. If the parent has two or more children attending the program, please complete this form for all children enrolled.**

**Jarvis Christian College requires that all participants in this program wear masks when inside and practice social distancing. If participants do not have a mask, one will be provided. If participants refuse to wear a mask, they will not be allowed to participate in this program. Temperatures will be taken daily.**

**Release and Consent Information:**

I, \_\_\_\_\_, give permission for my child to be released from the Jarvis Christian College Summer Enrichment Program and picked up by one to the following person(s) below. Our staff will not release your child to anyone who is not listed below.

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Child Name	Parent Name (Print)	Parent Signature	Date
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**NOTE: Designated person will be required to display identification (Driver's License or State Issued I.D.) to program staff for child to be released.**

Designated Person(s) to Release Child/Children

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Name	Relation to Child	Telephone#	DL/I.D. #
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Name	Relation to Child	Telephone#	DL/I.D. #
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Name	Relation to Child	Telephone#	DL/I.D. #
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