

Jarvis Christian University  
**SUMMER PROGRAMS**  
June 6-July 29, 2022 | Hawkins, Texas



**APPLICATION FOR SUMMER ENRICHMENT PROGRAM AGES 5-14**

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 Phone Relationship

TELEPHONE NUMBER: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ ALTERNATE NUMBER: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

**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:** \_\_\_\_\_ Jarvis Christian University

**SUMMER PROGRAMS**  
**EMERGENCY CONTACT AND LIABILITY RELEASE FORM**

**STUDENTS 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 University, 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 University  
**SUMMER PROGRAM**  
Meal Registration  
Breakfast 8:00 a.m., Lunch at Noon M-F weekly

HAWKINS, TEXAS

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

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

Name(s) of Child/Children: \_\_\_\_\_

Age(s) of Child/Children: \_\_\_\_\_

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

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**LIABILITY RELEASE INFORMATION**

Accordingly, I, on behalf of myself, my heirs, and estate, hereby release and hold harmless the State of Texas, Jarvis Christian University, 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*

**SUMMER ENRICHMENT PROGRAM AGES 5 - 14**

## 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.**

### Release and Consent Information:

I, \_\_\_\_\_, give permission for my child to be released from the Jarvis Christian University 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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