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**Jarvis Christian College**

**Summer Enrichment Program**

JUNE 3 – July 26, 2019

Ages 5-14

Time: 7 A.M. – 6 P.M. \*\*\*Breakfast at 8:30 A.M. \*\*\* Lunch at Noon

**Price:**

**1 Child - $45 Per Week**

**$20 per additional child**

**First payment due by May 29, 2019**

Breakfast, Lunch and Snacks Provided

Transportation from **Tyler to Jarvis** will be provided daily

Activities Include:

**English /reading / Math/Movie Time/Story Time**

**Arts & Crafts/ Basketball /Volleyball**

**Outdoor Fun / Games**

**Swimming**

Join us for a Summer of Fun, Education, and Adventure

Bus Transportation Provided:

Victory Temple Church, 1700 N Moore Ave

Rose Valley Apartment Homes, 1007 NNW Loop 323

Town Parc at Tyler, 2202 WNW Loop 323

Pickup: 7:45 a.m.

**Mail Applications to:**

**Olin Library**

Deadline and Payment Due by

May 29, 2019

**P. O. Box 1470**

**Hawkins, TX 75765**

**For more Information, Contact: (903)730-4890**

**Library-Ext-2173**

***Dr. Lester Newman, President***

Jarvis Christian College

**SUMMER PROGRAMS**

**June 3 – July 26, 2019 | 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 College

**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:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**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**

**Monday, June 3 – July 26, 2019 Breakfast 8:30 a.m. Lunch at Noon M-F weekly**

**HAWKINS, TEXAS**

**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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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Signature of Parent/Guardian Date***

Jarvis Christian College

**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 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.

Child Name Parent Name (Print) Parent Signature Date

**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

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

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

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