**KID STARS RISING**

**CHRISTIAN LEARNING ACADEMY**

**\**Where Christian character is made and lifelong learning is inspired*.** **\***

**2122 Hope Mills Road Fayetteville, NC 28304**

**Dr. Sharonne Simmons, Principal Mrs. Karen Doyle, Associate Principal**

Dear Family,

Thank you for your interest in our summer programs offered here at Kid Stars Rising Christian Learning Academy! We are delighted to have your child(ren) participate in our exciting and adventure-filled activities this summer. Please complete this application in its entirety and return it to Dr. Simmons or Mrs. Doyle at your earliest convenience.

Please check below which session(s) you are interested in for your child:

Bible Camp and Summer Tutoring (Held June 21 - July 2 from **8:00 a.m. – 4:00 p.m**.)

**Cost $150 (NC Common Core ELA & Math Standards reinforced)**

Bible Camp and Summer Tutoring (Held July 5 - July 30 from **8:00 – 4:00 p.m.)**

**Cost $300 (NC Common Core ELA & Math Standards reinforced)**

Bible Camp and Summer Tutoring (Held August 2 – September 3 from **8:00 – 4:00 p.m)**

**Cost $300 (NC Common Core ELA & Math Standards reinforced)**

**\*Costs will be prorated based on camp/tutoring hours and if multiple children participate.\* Please speak with Dr. Simmons and she will individualize based on needs.**

**Summer Programs Application**

**Parent Information**

Parent or Guardian’s Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Name City Zip Code

Contact Phone Number(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contacts and Phone Numbers:

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

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**Student Information**

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender: Male Female

Current Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Grade entering in this fall: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Allergies or Medical Needs: Please check all that apply.**

My child is allergic to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My child takes medicine. If so, please list type of medicine and dosage below: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My child has been diagnosed with a medical condition. Please name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My child has a special diet. Please list what child cannot have in his/her lunch or snack diet.

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

\*During the Bible Summer Camp, we plan to take the children on a field trip to the Omni Theater as a culminating activity. We will provide parents with a field trip form as the date approaches. Do you give Kid Stars Rising Academy the right to transport your child to and from the theater and hold us harmless from situations or mishaps that are beyond our control?

I give permission for the Academy to transport my child. No, I will transport my child.

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