

**NANSEMOND-SUFFOLK ACADEMY  
LOWER SCHOOL SUMMER PROGRAMS 2008  
REGISTRATION FORM**

*CHILDREN WILL BE DENIED ENTRANCE IF REGISTRATION FORMS ARE INCOMPLETE.*

Child's Name	Nickname	Date of Birth	Sex
Address			Home Phone
Chronic Physical Problems			
Previous Day Care Programs and Schools Attended			Current Grade

**PARENT (S)/GUARDIAN (S)**

Father	Place Employed	Business Phone	
Home Address		Cell Phone	Home Phone
Mother	Place Employed	Business Phone	
Home Address		Cell Phone	Home Phone
Person(s) Having Legal Custody of Child			
Home Address	Home Phone	Cell Phone	Business Phone

**EMERGENCY INFORMATION**

Allergies or Intolerance to Food, Medication, Bee Stings, etc, and Action to Take in an Emergency			
Any Recurring Condition	Asthma	Diabetes	Seizures
Medication Child is Currently Taking.	Child's Physician		Phone
Two People to Contact if Parent(s) Cannot Be Reached 1	Address 1		Phone 1
2	2		2
Person(s) Authorized to Pick Up Child			
Person(s) NOT Authorized to Pick Up Child			

## AGREEMENTS

1. NSA Summer Programs agree to notify the parent(s)/guardian(s) whenever the child becomes ill and the parent(s)/guardian(s) will arrange to have the child picked up as soon as possible if so requested.
2. The parent(s)/guardian(s) authorize NSA Summer Programs to obtain immediate medical care if any emergency occurs when the parent(s)/guardian(s) cannot be located immediately. \*\*
3. The parent(s)/guardian(s) agree to inform NSA Summer Programs within 24 hours or the next business day after their child or any member of the immediate household has developed any reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.
4. The parent(s)/guardian(s) certify that their child is physically fit to take part in all activities and will not hold Nansemond-Suffolk Academy or NSA Summer Programs responsible in case of accident or injury as a result of participation. Restrictions or limitations if any \_\_\_\_\_  
  
\_\_\_\_\_
5. The parent(s)/guardian(s) give authorization for their child to participate in swimming activities for the camps in which he/she is enrolled.  
Swimming Level \_\_\_ Non-Swimmer \_\_\_ Beginner \_\_\_ Intermediate \_\_\_ Advanced
6. The parent(s)/guardian(s) give permission to use their child's photograph in any NSA publication.
7. The parent(s)/guardian(s) give permission for their child to participate in NSA Summer Programs transportation, games, and field trips.
8. Requests for refunds must be made in writing prior to June 1, 2008. No refunds will be issued after that date. No refund will be given if the camper is dismissed because of disciplinary action.

## SIGNATURES

\_\_\_\_\_  
*PARENT OR GUARDIAN* (Please Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Ann Lovell

\_\_\_\_\_  
*DIRECTOR OF SUMMER PROGRAMS*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

DATE CHILD ENTERED CARE June 9, 2008      DATE LEFT CARE August 1, 2008

\*\* If there is an objection to seeking emergency medical care, a statement should be obtained from the parent(s) or guardian(s) that states the objection and the reason for the objection.