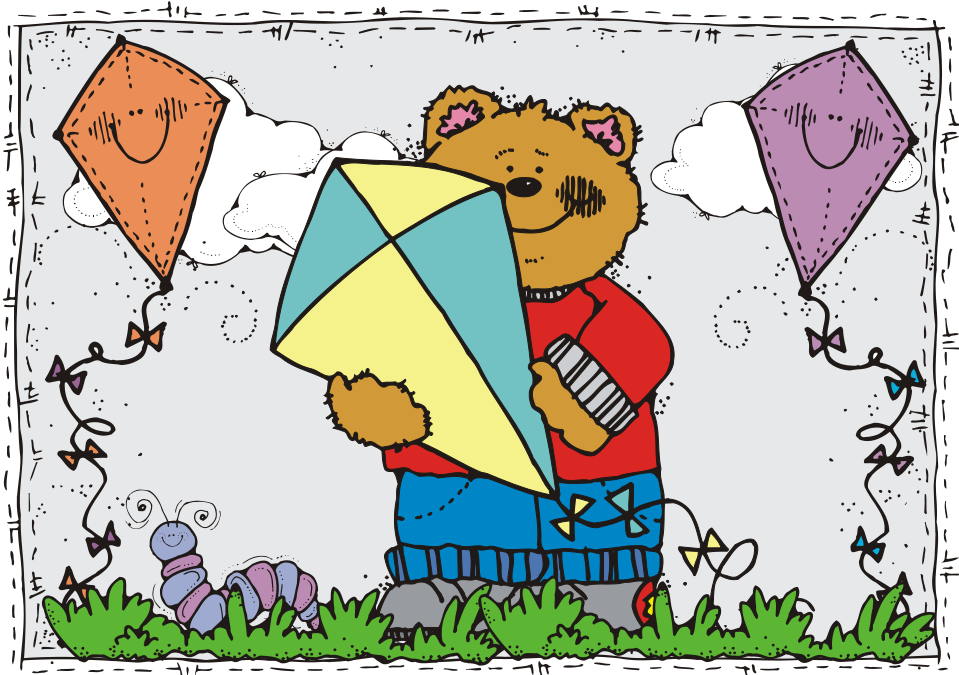


APPLICATION

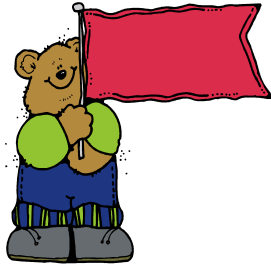
FOR



**Summer Program
2023**

**11330 E. 166th Street, Cerritos, CA 90703
Tel: (562) 865-2424 Fax: (562) 865-8146
E-mail: learning@fecc.us**

Submit completed application to the FECC Children Academy office with the \$40.00 nonrefundable enrollment fee (Summer Program T-Shirt included).



FOR OFFICE USE ONLY
Entered on Computer _____
Account Number _____
Registration Applied _____
Room Assignment _____

FECC SUMMER PROGRAM ENROLLMENT FORM

Present date ____/____/____

Child's Full Name _____
Last First Middle

Date of Birth ____/____/____ Male ____ Female ____
mo day year

Going to 1st grade ____ 2nd Grade ____ 3rd Grade ____ 4th Grade ____ 5th Grade ____ 6th Grade ____ 7th Grade ____
(Check class appropriate for child)

PARENTS' INFORMATION

PARENT/GUARDIAN #1

Mr/Mrs/Ms _____ Home Phone () _____ - _____

Home Address _____ Mobile Phone () _____ - _____

City/Zip _____ Lives with student? Yes No

Relation to Student _____ Billing party? Yes No

Employer/Occupation _____ Work Phone () _____ - _____

E-mail: _____

PARENT/GUARDIAN #2

Mr/Mrs/Ms _____ Home Phone () _____ - _____

Home Address _____ Mobile Phone () _____ - _____

City/Zip _____ Lives with student? Yes No

Relation to Student _____ Billing party? Yes No

Employer/Occupation _____ Work Phone () _____ - _____

E-mail: _____

EMERGENCY CONTACT UPDATE

Other than parents, **CHILD WILL BE RELEASED ONLY TO PERSONS INDICATED BELOW** (Must include at least **TWO** local persons to call for illness, accident, late pick-up, or other emergency reasons). Please list them in the order of preference for us to contact.

1. Mr./Mrs./Ms _____ Home Phone () _____ – _____
Home Address _____ Mobile Phone () _____ – _____
City/Zip _____ Work Phone () _____ – _____
Relation to Student _____

2. Mr./Mrs./Ms _____ Home Phone () _____ – _____
Home Address _____ Mobile Phone () _____ – _____
City/Zip _____ Work Phone () _____ – _____
Relation to Student _____

3. Mr./Mrs./Ms _____ Home Phone () _____ – _____
Home Address _____ Mobile Phone () _____ – _____
City/Zip _____ Work Phone () _____ – _____
Relation to Student _____

MEDICAL INFORMATION

Name of child's physician or clinic _____

Physician address and phone _____

Name of medical insurance and policy no. _____

Medical attention _____

Allergies: _____

FECC Summer Program

We, the parents of _____, would like to enroll our child to the summer program offered by FECC. I understand that I am responsible for reading the Summer Program handbook, understanding and abiding by its contents and cooperating with the policy and the purpose of FECC Summer Program. We further understand that the Bible and religious teachings are part of every aspect of FECC Summer Program.

Father's signature _____

and/or

Mother's signature _____



Consent to medical care and treatment of minor child

I, _____, hereby give permission that my child _____, may be given emergency treatment, to include first aid and CPR by a qualified staff member of FECC Summer Program. I further authorize and consent to dental, medical, surgical, and hospital care, treatment, and procedures to be performed for my child by a licensed dentist, physician, or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health if I cannot be contacted. In such case, I waive my right of informed consent to such treatment.

I also give permission for my child to be transported by ambulance or other transportation to an emergency center for treatment. I further authorize FECC to take my child to a hospital, and agree that I will pay all dental, medical and hospital bills, and FECC shall not be responsible for them.

Signature of Parent/Guardian _____ Date _____



FECC Summer Program Field Trip Permission Slip Form

Class: FECC Summer Program

Teacher: FECC Faculty

Destination: All FECC Summer Program Field Trips

Dates: 06/12/2023 – 08/11/2023 Departure: varies Return Time: varies

Transportation: FECC Church Buses, School buses, and/or Authorized Faculty Vehicles

Please fill out this form as completely and clearly as possible.

Child's Name: _____ Age: _____

Address: _____

Phone: _____

1 Parent/Guardian: _____

Phone: _____ Alt. Phone: _____

2 Parent/Guardian: _____

Phone: _____ Alt. Phone: _____

Authorized Contact Person: _____

Phone: _____ Alt. Phone: _____

Insurance Carrier: _____

Policy and ID Number: _____

Allergies: _____

By signing this form, you authorize FECC to call an emergency ambulance in case of an accident or acute illness and to arrange for necessary emergency medical and surgical care in case you are not immediately available. Any qualified physician called by FECC may treat and do whatever necessary for the health and well-being of your child. You agree to accept responsibility for the cost of any medical services. A conscientious effort will be made to notify you before such action are taken.

Parent Signature _____ Date: _____