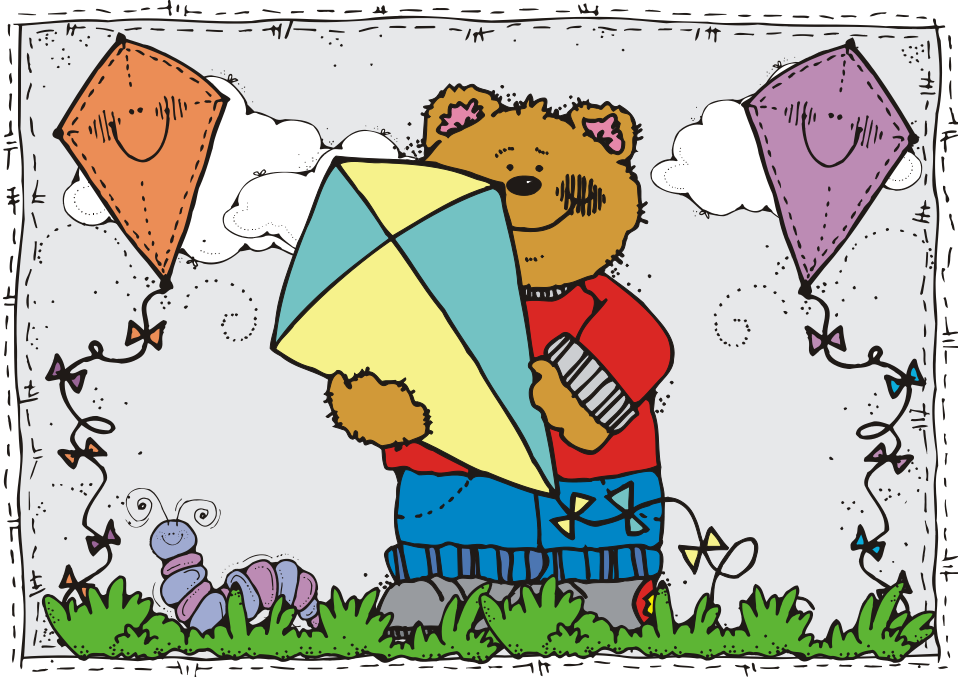


**APPLICATION**

**FOR**



**Summer Program  
2026**

**11330 E. 166<sup>th</sup> Street, Cerritos, CA 90703  
Tel: (562) 865-2424 Fax: (562) 865-8146  
E-mail: [learning@fecc.us](mailto:learning@fecc.us)**

Submit completed application to the FECC Children Academy office with the \$40.00 nonrefundable registration fee.

# FECC SUMMER PROGRAM ENROLLMENT FORM



Present date \_\_\_\_/\_\_\_\_/\_\_\_\_

Child's Full Name

\_\_\_\_\_

Last

First

Middle

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
mo day year

Male \_\_\_\_ Female \_\_\_\_

Going to Kindergarten \_\_\_\_ 1<sup>st</sup> grade \_\_\_\_ 2<sup>nd</sup> Grade \_\_\_\_ 3<sup>rd</sup> Grade \_\_\_\_ 4<sup>th</sup> Grade \_\_\_\_ 5<sup>th</sup> Grade \_\_\_\_ 6<sup>th</sup> Grade \_\_\_\_  
7<sup>th</sup> 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

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 \_\_\_\_\_, will like to enroll my child to the summer program offered by FECC. I understand that I am responsible to read the Summer Program Handbook, understand and abide by its contents, and cooperate with the policy, refund policy, and the purpose of FECC Summer Program. We further understand that the Bible and religious teaching are a part of every aspect of FECC Summer Program.

Father's signature \_\_\_\_\_

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 \_\_\_\_\_



## 2026 FECC Summer Program Field Trip Permission Slip Form

Class: FECC Summer Program

Teacher: FECC Faculty

Destination: All FECC Summer Program field trips

Dates: 6-1-26 to 8-7-26 Departure & Returning Time: Please check the weekly field trip information given out on Monday

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: \_\_\_\_\_

\_\_\_\_\_

Parent 1: \_\_\_\_\_

Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Parent 2: \_\_\_\_\_

Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Authorized Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

Policy and ID Number: \_\_\_\_\_

Allergies, and/or medical condition: \_\_\_\_\_

\_\_\_\_\_

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: \_\_\_\_\_