



International English Camp Summer 2025 (1st-12th Grade)

(Please Type or Print in **Black** or **Blue** Ink.)

Choose one:

Enrolled at HCA for SY 2025-26: Yes No Next Grade: _____

Session 1: Immersion Program* \$230 a week per students

6/02-06 6/09-6/13 6/16-6/20 6/23-6/27

Session 2: Adventure Program** \$375 a week per students

7/14-7/18 7/21-7/25

**Late stay (3:30-5:00 pm) is \$15 per day (due on Fridays). **No Late Stay for Session 2*

Last Name: _____ First Name: _____ English Name: _____

Birthdate: _____ Age (in USA): _____ Home Phone: _____ Male: Female:

Mailing Address: _____

Father's/Guardian's Last Name: _____ First Name: _____

Cell Phone: _____ Work Phone: _____ Email: _____

Mother's/Guardian's Last Name: _____ First Name: _____

Cell Phone: _____ Work Phone: _____ Email: _____

Emergency Contact:

Mr. Mrs. Miss Last Name: _____ First Name: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Medical Information:

Last PPD Date: _____ (>1/1/25?) OR Last QuantiFERON Blood Test Date: _____ (>4/1/25?)

If TB positive, they will need a Guam Doctor's Clearance, X-Ray on Guam, and Guam Public Health Clearance.

Submitted Copy of Shot Records:

Does your child have any drug allergy? Yes No If yes, please explain: _____

Does your child have any food allergy? Yes No If yes, please explain: _____

Does your child have any serious illness? Yes No If yes, please explain: _____

Does your child have any heart problems? Yes No Does your child have any convulsions? Yes No

Does your child have any physical handicap? Yes No If yes, please explain: _____

Does your child take medicine on a regular basis? Yes No If yes, please explain: _____

Does your child have any restrictions on physical activity? Yes No If yes, please explain: _____

Do you give permission for your child to receive Tylenol or any over-the counter medication if the need arises? Yes No

By signing below, I agree to pay the applicable fee and submit this application. I understand that the fee is non-refundable. I also understand that I am responsible for other additional costs (food from the cafeteria, extended care, etc.) incurred while my child is attending any summer programs of Harvest Christian Academy. I hereby give my child permission to attend field trip activities upon notification. I hereby release HCA and its agents from liability for any injuries resulting from my child's attendance. As a parent, I agree to support the Administration of Harvest Christian Academy; however, should I feel I can no longer support the Administration, I will promptly withdraw my child. To my knowledge, all information is complete and correct.

Date Print Name Signature

For Office Use:	
Listed:	Copied: