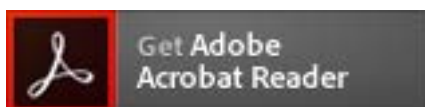


## Directions for filling out the International English Camp Application:

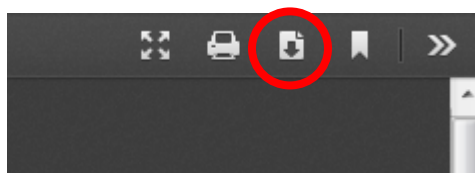
1. Use **Adobe Acrobat Reader** to view form.

- Click link below if download of Adobe Acrobat Reader is necessary.

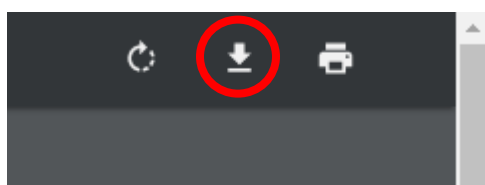


2. Please **DOWNLOAD and OPEN** file locally before completing by clicking the download icon in browser being used.

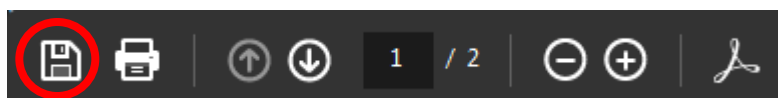
- **Firefox browser**



- **Google Chrome browser**



- **Internet Explorer browser**



3. Please submit the completed form to the School Office.



# INTERNATIONAL ENGLISH CAMP

## SUMMER 2023

(PLEASE TYPE OR PRINT IN **BLACK** OR **BLUE** INK.)

**Choose all that apply:**

Enrolled at HCA for SY 2023-24: Yes  No  Next Grade: \_\_\_\_\_

Session 1: Immersion Program\* (1<sup>st</sup>-8<sup>th</sup>)  
\$200 a week per student

TOEFL Testing (9<sup>th</sup>-12<sup>th</sup>)  
\$175 a week (including test code)  
M-F (8:30 – 11:30am)

Session 2: Adventure Program\*\* (1<sup>st</sup>-12<sup>th</sup>)  
\$300 a week per student

- 5/30-6/02     6/05-6/09  
 6/12-6/16     6/19-6/23

- 5/30-6/02     6/05-6/09  
 6/12-6/16     6/19-6/23

- 7/10-7/14     7/17-7/21

\*Late Stay (3:30-5:00 p.m.) is \$15 per day (due on Fridays).

\*\*No Late Stay for Session 2

**Student Information:**

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: \_\_\_\_\_ (>1/1/23? ) OR Last TB X-Ray Date: \_\_\_\_\_ (>4/1/23? ) w/ TB Form (if skin test positive)

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 fees and submit the required documents with this application. I understand that the fees are 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. I grant permission to use photos from activities in their promotions. I understand my child must be able to follow all teacher instructions and participate in class. Behavior issues that cause safety issues may result in suspension. All behavior concerns must be directed to the International Director. 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

\_\_\_\_\_ PARENT'S/GUARDIAN'S SIGNATURE