

Bridging the Gap Learning Academy

A 501c3 organization
1368 South 28th Street
Louisville, KY 40211-1727

Hope, Dream, Believe

REGISTRATION FORM

To register your child for the summer day camp:

- 1 – Fill out all forms completely. PLEASE PRINT
- 2 – One child per form
- 3 – Registration will be taken on a first come, first served basis
- 4 – Payment of registration fees and camp tuition for the first week are be due at registration

Date of Registration: _____

Camper's Name: _____

Age: _____ Date of Birth: _____ Male: _____ Female: _____

Home Address: _____
Street City State Zip Code

School: _____ Grade: _____

Camper Cell Phone #: _____

Check Camper's T-shirt size: Youth Large: _____ Adult Small: _____ Adult Medium: _____
Adult Large: _____ Adult XLarge: _____ Adult XXLarge: _____

Parent / guardian Name: _____

Parent / Guardian Address (if different from camper):

_____ Street City State Zip Code

Mother's Home Phone: _____

Mother's Cell Phone: _____ Mother's Email Address: _____

Father's Home Phone: _____

Father's Cell Phone: _____ Father's Email Address: _____

Employer Information:

Mother's Employer Information:

Father's Employer Information:

Employer: _____

Employer: _____

Address: _____

Address: _____

Work Phone: _____

Work Phone: _____

Work email Address: _____

Work Email Address: _____

Emergency Contact: (To be used if Parent/Guardian cannot be reached)

Emergency Contact Name: _____

Relationship: _____

Address: _____

Street

City

State

Zip Code

Home #: _____

Work #: _____

Cell #: _____

Email: _____

Camper's Medical Insurance and Medical History:

Health Insurance Company: _____

Identification Number: _____

Camper's Physician: _____

Physician's Address: _____

Physician's Phone #: _____

Allergies:

Current Medications: _____

Date of Last Tetanus Shot: _____

In case of an emergency, which hospital / clinic do you prefer?

Please list any limitations, which may affect your camper's ability to participate; such as asthma, severe allergies (from what), fears, mental disabilities, physical limitations, medications to control behavior and any required assistance devices.

First Time Registration? yes no;

If no, please list each year previously attended by Camper: _____

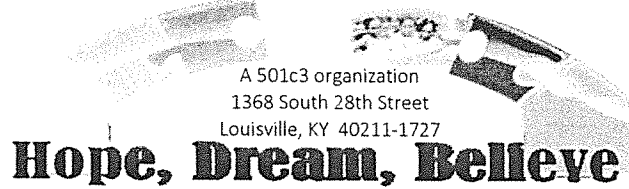
Are you interested in volunteering to help with (please select one):

Projects Field Trips Administrative tasks Sorry, not available

Please indicate your availability:

Days: _____ Hours: _____

Bridging the Gap Learning Academy



Release of Information Consent Form

I agree to participate in the programs at the Bridging the Gap Learning Academy. By signing this form, I am giving the Bridging the Gap Learning Academy staff permission to communicate regarding services offered to me and / or my family to the Jefferson County Public Schools (JCPS). I understand that all records and information regarding services will be protected by regulations that govern the exchange of confidential information.

It is understood that by authorizing the release of such information, it will be used for the sole purpose of providing and enhancing services to me, my family and / or my child and to avoid duplication between the agencies. The disclosure of information will be limited to staff at the Bridging The Gap Learning Academy and JCPS.

I have read and understand the contents of this form; I have received a copy and I agree to its provisions.

Signature

Date

Witness

Date

Please print: _____
Parent / Guardian Name

Please print: _____
Camper's Name