

**Y. E. S. S. SUMMER ACADEMY**  
Youth Explorers Sizzle with Smartness  
**ENROLLMENT FORM**

**General Information**

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Boy or Girl Please circle one

Parent / Guardian Name(s): \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

**Emergency Contact**

Name / Phone: \_\_\_\_\_  
\_\_\_\_\_

**Pick-up Information**

List name and phone number of all those who are authorized to pick up your child

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Medical Information**

Please list any allergies including food allergies and any medications that your child currently takes.

\_\_\_\_\_  
\_\_\_\_\_

Grade in Fall: \_\_\_\_\_ T-Shirt Size: S M L XL  
Please circle one

Enroll my child in: Make checks payable to Trinity Christian School  
\_\_\_\_\_ Y.E.S.S. Summer Academy (\$180.00)  
\_\_\_\_\_ Summer in the Son (BOTH Programs \$210.00)

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Office use only**

Date Received	Check #
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