



Kirkland Academy For Excellence
Summer Kirkland Academy for Excellence ~ Labor of Love Day Camp

Student Application

Due May 22, 2015 ~ Grant AME Church Office, 10435 South Central Avenue, Los Angeles, CA 90002

General Information				
Student's Last Name	First Name	Birth Date	<input type="checkbox"/> Male	<input type="checkbox"/> Female
School		Grade <i>(Sept. 2015)</i>	IEP <input type="checkbox"/> Yes <input type="checkbox"/> No	
Parent/Legal Guardian's Last Name	First Name	Email		
Address	City	State	Zip Code	
Daytime Phone	Evening Phone	Cell Phone		
3 Emergency Contacts – List on back.	Phone	Alternate Phone		

Health Information and History <i>(Use the back as necessary.)</i>
<i>Does the student have any of the following conditions?</i>
<input type="checkbox"/> Epilepsy <input type="checkbox"/> Diabetes <input type="checkbox"/> Asthma <input type="checkbox"/> Other: _____
<i>Please list all allergies (including food)</i>
<i>Please list all medications the child is taking.</i>
<i>The student is under a physician's care for the following condition:</i>

<i>I hereby waive all claims against The Kirkland Academy For Excellence Labor of Love Day Camp and its employees or volunteer workers for injury, accident or illness occurring by reason of participation in The Kirkland Academy For Excellence Labor of Love Day Camp. In case of an emergency, I authorize any licensed physician, nurse or hospital to render such medical aid as may be deemed necessary and/or desirable.</i>	
Parent's /Guardian's Signature	Date

