



Otsego  
CHRISTIAN ACADEMY

SUMMER @ OCA ENROLLMENT FORM

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

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

County:\_\_\_\_\_ School District:\_\_\_\_\_

Telephone:\_\_\_\_\_ E-mail:\_\_\_\_\_

Child(ren)'s Information

1st Child

Name:\_\_\_\_\_

Gender:

Male

Female

Date of Birth:\_\_\_\_\_ Grade Entering:\_\_\_\_\_

List of medical conditions, allergies, medications, and/or special attention needed:

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

2nd Child

Name:\_\_\_\_\_

Gender:

Male

Female

Date of Birth:\_\_\_\_\_ Grade Entering:\_\_\_\_\_

List of medical conditions, allergies, medications, and/or special attention needed:

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

\*\*Additional children may be added on a blank sheet of paper or a second copy of this page\*\*



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**EMERGENCY CONTACTS AND PICK-UP AUTHORIZATION**

Name of Child(ren): \_\_\_\_\_

Parent Name: \_\_\_\_\_  
Best Contact #

Parent Name: \_\_\_\_\_  
Best Contact #

**In case of an emergency if parental contact cannot be made please contact:**

-----  
Name Relationship Home # Cell #

-----  
Name Relationship Home # Cell #

**The following person(s) are authorized to pick up my child(ren)**

1. \_\_\_\_\_  
Name Relationship Phone

2. \_\_\_\_\_  
Name Relationship Phone

3. \_\_\_\_\_  
Name Relationship Phone

**I understand that these individuals will be asked for proper identification and, without this, my child will not be released to them without WRITTEN permission from myself.**

-----  
Parent/Guardian Signature

-----  
Date



SUMMER @ OCA FINANCIAL AGREEMENT

Pre-K (ages 3-5)	\$225 per week
Grades K through 5th	\$195 per week
	10% discount per additional child (elementary only)
Price per Day*:	\$50 (3-day minimum)

\*Per-Day option applies to elementary only and must be prepaid. No refunds for missed days.

I understand that I have an obligation to pay Otsego Christian Academy the tuition applicable for my child(ren) attending the summer program. I have chosen to pay the school in the following way (place your initials next to the option(s) that fit your family's needs):

----- Pay 2 monthly installments on the 1st of each month, commencing in July

----- Pay the full tuition amount by July 1st

----- I am requesting the multi-child discount

A Late Fee of \$40 will be applied to your account if payment is not received by the due date

I agree to make the payment option I have indicated above:

-----  
Signature

-----  
Date



SUMMER @ OCA SCHEDULE

Weeks enrolling. Check all that apply:

July 11th-July 15	-----	August 1st-August 5th	-----
July 18th-July 22nd	-----	August 8th-August 12th	-----
July 25th-July 29th	-----	August 15th-August 19th	-----

	Monday	Tuesday	Wednesday	Thursday	Friday
Arrival Time:					
Pick-up Time:					

\*hours of operation: Monday-Friday 7:30am to 5:30pm



**SUMMER @ OCA PERMISSIONS**

- My child is allowed to go with staff to the Otego pool for open swim
- OCA Staff has permission to apply sunscreen and/or bug spray that I have provided
- My child is allowed to go off of OCA property for walks with staff
- My child may be photographed for press releases pertaining to the school
- My child's photo may be used in school related internet websites

**NAPTIME PERMISSION (Pre-K)**

- Please allow my child to sleep until they wake up
- Please wake my child up after ----- minutes

**ALLERGIES**

- My child has no allergies or dietary restrictions
- My child has the following allergies or dietary restrictions:-----  
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-----  
Signature

-----  
Date