



# Midland Christian Academy

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## SUMMER CAMP REGISTRATION FORM

Summer 2025

Date \_\_\_\_\_

Please check weeks: \$200 Half Day / \$250 Full Day

\_\_\_\_ **June 9-13 Noah's Ark**  
\_\_\_\_ ½ DAY (9:00 – NOON)  
\_\_\_\_ FULL DAY (9:00-4:00)

\_\_\_\_ **June 16-20 Camping**  
\_\_\_\_ ½ DAY (9:00- NOON)  
\_\_\_\_ FULL DAY (9:00-4:00)

\_\_\_\_ **June 23-27 Mad Science Lab**  
\_\_\_\_ ½ DAY (9:00-NOON)  
\_\_\_\_ FULL DAY (9:00-4:00)

\_\_\_\_ **July 7-11 4 Seasons**  
\_\_\_\_ ½ DAY (9:00-NOON)  
\_\_\_\_ FULL DAY (9:00-4:00)

\_\_\_\_ **July 14-18 God's Biomes**  
\_\_\_\_ ½ DAY (9:00- NOON)  
\_\_\_\_ FULL DAY (9:00-4:00)

\_\_\_\_ **July 21-25 Beach**  
\_\_\_\_ ½ DAY (9:00-NOON)  
\_\_\_\_ FULL DAY (9:00-4:00)

\_\_\_\_ **July 28-Aug. 1 Travel the United States**  
\_\_\_\_ ½ DAY (9:00-NOON)  
\_\_\_\_ FULL DAY (9:00-4:00)

Student's Full Name \_\_\_\_\_  
last first middle nick name

\_\_\_\_ Male \_\_\_\_ Female Date of Birth \_\_\_\_\_ Age \_\_\_\_

Address: \_\_\_\_\_  
street city state zip

Parent/Guardian #1 \_\_\_\_\_ Home phone \_\_\_\_\_  
Address \_\_\_\_\_ Work phone \_\_\_\_\_  
Occupation \_\_\_\_\_ Cell phone \_\_\_\_\_  
Business \_\_\_\_\_ Title \_\_\_\_\_  
E-mail address: \_\_\_\_\_  
Social Security #: \_\_\_\_\_

Parent/Guardian #2 \_\_\_\_\_ Home phone \_\_\_\_\_  
Address \_\_\_\_\_ Work phone \_\_\_\_\_  
Occupation \_\_\_\_\_ Cell phone \_\_\_\_\_  
Business \_\_\_\_\_ Title \_\_\_\_\_  
E-mail address: \_\_\_\_\_  
Social Security #: \_\_\_\_\_

Names/ages of other children in family \_\_\_\_\_

Maternal Grandparents \_\_\_\_\_ phone \_\_\_\_\_  
Mailing address \_\_\_\_\_

Paternal Grandparents \_\_\_\_\_ phone \_\_\_\_\_  
Mailing address \_\_\_\_\_

Additional Family Member \_\_\_\_\_ Relationship \_\_\_\_\_  
Mailing address \_\_\_\_\_

**Please complete front and back of application.**

Advertising Release and Student Handbook

I hereby authorize the use of my child's image for Midland Christian Academy's promotional purposes. I understand that such images may include any film media of my child engaged in school related activities on or off the school property. Also, I/we have read the 2024-25 Student Handbook found on the school's website and agree to follow its policies.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Other than parents, **CHILD WILL ONLY BE RELEASED TO PERSONS INDICATED BELOW.** (Must include at least TWO local persons to call for illness, accident, late pick-up, or other emergency reasons.) Please list in order of preference for contact.

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone number: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

School(s) last attended: \_\_\_\_\_  
\_\_\_\_\_ Phone Number \_\_\_\_\_  
\_\_\_\_\_ Phone Number \_\_\_\_\_  
\_\_\_\_\_ Phone Number \_\_\_\_\_

Church membership or religious preference: \_\_\_\_\_

Special physical conditions/allergies we should be aware of: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medications currently taking: \_\_\_\_\_

Medical Information:  
Name of child's physician/clinic: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_

Name of Medical Insurance: \_\_\_\_\_

Consent to medical care/treatment of minor child

I, \_\_\_\_\_, hereby give permission that my child \_\_\_\_\_ may be given emergency treatment, to include first aid and CPR by qualified staff member of Midland Christian Academy. I further authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by my child's regular physician, or when that physician cannot be reached, by a licensed physician or hospital when deemed necessary or advisable by the physician to safeguard my child's health if I cannot be contacted. In such case, I waive my right of informed consent to such treatment. I also give permission for my child to be transported by ambulance to an emergency care center/hospital for treatment. I agree to accept all responsibility for the cost of any medical services.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_