

# Thackston School

# Summer Camp 2008

2023 Lake Avenue  
Knoxville, TN 37916  
865-522-0729  
FAX 865-524-9478  
www.ThackstonSchool.com

For office use  
Date Received.....  
Fee Paid.....

*This form is to be completed by a parent or guardian of the applicant and returned to the school. An application fee of \$50.00 per camper must be attached. No part of the fee is refundable or applicable as advance payment of tuition fees.*

## Family Information

Father/Guardian.....  
Last First Middle  
Home address ..... City..... State..... Zip Code.....  
Social Security Number..... E-mail.....  
Occupation..... Position and Title.....  
Name of Employer..... Business Address.....  
Telephone: Home ..... Business..... Cell.....

Mother/ Guardian.....  
Last First Middle  
Home address ..... City..... State..... Zip Code.....  
Social Security Number..... E-mail.....  
Occupation..... Position and Title.....  
Name of Employer..... Business Address.....  
Telephone: Home ..... Business..... Cell.....

Person(s) responsible for school financial obligations:

.....  
Print Name Signature Date  
.....  
Print Name Signature Date

Person(s) authorized to act as parent in emergency:

(1) Name.....Relation.....

Telephone: Home.....cell.....Work.....

(2) Name.....Relation.....

Telephone: Home.....cell.....Work.....

Physician.....Telephone.....

Persons Authorized to Pick- Up Camper(s)

(1) Name.....Relation.....

(2) Name.....Relation.....

(3) Name.....Relation.....

(4) Name.....Relation.....

(5) Name.....Relation.....

### Parent Authorizations

Realizing that a sudden illness or accident may happen to a camper, I hereby ask the camp to use their best judgment in such cases in caring for my child/ children. I authorize Thackston Camp to provide or arrange necessary transportation for my child/ children. I further understand that camp fees do not include accident or illness insurance and Thackston's Camp is not responsible for any expenses incurred.

I give permission for my child/ children to participate in all on and off campus activities. I give my permission for my child/ children to be transported by bus or trolley to all off campus activities.

I understand that my child/ children must wear the official summer camp T-Shirt on all off campus trips.

I will provide my child with sunscreen and give my permission for it to be applied.

To the best of my knowledge this information is correct.

I have read and understand that tuition is due in advance.

.....  
Signature of Parent /Guardian

.....  
Date

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### Schedule of Tuition and Fees

School Age

Registration Fee: \$50  
Monthly Fee: \$600  
Daily Fee: \$40

Preschool and Pre-Kindergarten

Registration Fee: \$50  
Monthly Fee Full Time: \$625  
Monthly Fee Part Time: (2 Days) \$425  
(3 Days) \$525

\*Sibling Discount: Monthly- \$25 off each additional Child Daily- \$10 off each additional child

### Camper # 1

Name .....  
Last Middle First (Indicate preferred name)

Sex ..... Date of Birth ..... Age ..... Grade in Fall of 2007 .....

Name of applicant's present school .....

..... I certify that immunizations are current and are on file at ..... school.  
(Initial)

Allergy ..... Severity ..... Treatment .....

Allergy ..... Severity ..... Treatment .....

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### Camper # 2

Name .....  
Last Middle First (Indicate preferred name)

Sex ..... Date of Birth ..... Age ..... Grade in Fall of 2007 .....

Name of applicant's present school .....

..... I certify that immunizations are current and are on file at ..... school.  
(Initial)

Allergy ..... Severity ..... Treatment .....

Allergy ..... Severity ..... Treatment .....

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### Camper # 3

Name .....  
Last Middle First (Indicate preferred name)

Sex ..... Date of Birth ..... Age ..... Grade in Fall of 2007 .....

Name of applicant's present school .....

..... I certify that immunizations are current and are on file at ..... school.  
(Initial)

Allergy ..... Severity ..... Treatment .....

Allergy ..... Severity ..... Treatment .....

## Student Health History

The following checklist is a requirement of D.O.E. and D.H.S. The answers to these questions will help us to know if you child has any medical problems. We need this information in case he/she should become ill and we would be unable to reach you right away. Please circle the right answer. If you are registering more than one child for summer camp, please make additional copies and complete one for each child.

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ Date \_\_\_\_\_

Please let us know your child's health needs by completing this form.

\_\_\_\_\_ My child has no health problems which would affect his/her school day.

\_\_\_\_\_ My child's health needs include the conditions checked.

\_\_\_\_\_ 1. Food Allergies

Allergy _____	Severity _____	Treatment _____
Allergy _____	Severity _____	Treatment _____
Allergy _____	Severity _____	Treatment _____
Allergy _____	Severity _____	Treatment _____
Other _____		

Is EpiPen Prescribed? \_\_\_\_\_

\_\_\_\_\_ 2. Insect/Bee Sting Allergy

Symptoms _____	Severity _____	Treatment _____
Symptoms _____	Severity _____	Treatment _____

Is EpiPen Prescribed? \_\_\_\_\_

\_\_\_\_\_ 3. Asthma

Is inhaler used? \_\_\_\_\_ Medications \_\_\_\_\_

\_\_\_\_\_ 4. Diabetes

Medications \_\_\_\_\_  
Procedures \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ 5. Hearing Problems

Description \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ 6. Vision Problems

Description \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ 7. Seizures/ Episodes of Loss of Consciousness

Description \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_ 8. Emotional Concerns  
Description \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_ 9. ADD/ADHD  
Medications \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_ 10. Bone/ Joint Problems  
Description \_\_\_\_\_  
\_\_\_\_\_  
Special Instruction \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_ 11. List any other recurrent medical problem or illness  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Students Doctor \_\_\_\_\_ Phone \_\_\_\_\_  
Does your child see a Specialist? \_\_\_ Specialist Name \_\_\_\_\_ Phone \_\_\_\_\_

Please contact school personnel for medication forms if your child needs medication at school, including inhalers for asthma or EpiPen for severe allergic reactions. Your child may carry an inhaler if medically authorized and developmentally appropriate, after informing school personnel.

#### Health History Consent

Your signature gives permission for school staff to take precautions and procedures to protect you child in the classroom and to foster academic success. Your signature is an informed consent to share this health history information with school staff on a need-to-know basis for emergency plans.

Parent/guardian signature \_\_\_\_\_ Date \_\_\_\_\_