

**Squirrel Hollow Camp 2020**

**Application For Admission**

5665 Milam Road / Fairburn, GA 30213  
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**APPLYING FOR**  **Session 2: 6/29–7/10;**  
**LUNCH :** *In accordance with current health guidelines, students must bring their own lunches.*  
**SHIRT SIZE** (ck. one)  Y-Sm.  Y-Med.  Y-Lrg.  A-Sm.  A-Med.  A-Lrg.  A-XL

**STUDENT INFORMATION:**

Student's Full Name \_\_\_\_\_ Preferred Name \_\_\_\_\_

Home Ph. \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_ (as of June 15, 2020) Sex \_\_\_\_

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

\_\_\_\_\_ Street Address \_\_\_\_\_

\_\_\_\_\_ County: \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

School Attended (2019-2020): \_\_\_\_\_ Grade (2019-2020): \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION:**

Parent/Guardian Name(s):  Mr.& Mrs.  Mrs.  Mr.  Dr.  Other \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_ Marital Status: \_\_\_\_\_

If divorced, who has custody? \_\_\_\_\_

Applicant resides with:  Parents  Mother  Father  Other \_\_\_\_\_

Person responsible for fees:  Parents  Mother  Father  Other \_\_\_\_\_

Send official correspondence to:  Parents  Mother  Father  Other \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

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

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

(If different from above)

(If different from above)

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

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

Work \_\_\_\_\_

Work \_\_\_\_\_

Cell \_\_\_\_\_

Cell \_\_\_\_\_

E-mail \_\_\_\_\_

E-mail \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

**(FILL OUT BACK OF APPLICATION)**

**BACKGROUND INFORMATION:**

Child's Pediatrician: \_\_\_\_\_ Phone: \_\_\_\_\_

Has your child been tested for a learning difference? \_\_\_\_\_

When? \_\_\_\_\_

Has your child been expelled or suspended? \_\_\_\_\_ If yes, explain. \_\_\_\_\_

Describe any major illness, injury, and/or health issues that your child has had and at what age:

Is your child presently taking medication? \_\_\_\_\_ If yes, describe: \_\_\_\_\_

In case of an emergency, you have my permission to secure medical treatment and hospital service at my expense. I understand Squirrel Hollow, Inc., is not required to be licensed by Bright From the Start: Georgia Department of Early Care and Learning and is exempt from licensure and that Squirrel Hollow, Inc., carries liability insurance.

This application is a contract for the entire session(s) and I understand that if after June 15, my son/daughter is suspended, dismissed, or voluntarily withdrawn, no part of the fee paid to Squirrel Hollow, Inc. shall be refunded. I **enclosed my check for a \$500.00 deposit**, which is not refundable after the applicant has been accepted for enrollment.

I certify that the applicant is of good character, is amenable to discipline, and agrees to abide by the standards of conduct and dress that are acceptable to Squirrel Hollow, Inc.

***I certify that all of the information contained in this application is complete and accurate to the best of my knowledge.***

\_\_\_\_\_  
*Parent/Guardian signature*

\_\_\_\_\_  
*date*