



**ELIM Safe Summer Academic Enrichment Program
(ESSAE)
2015**

PARTICIPANT APPLICATION

PLEASE PRINT

PARTICIPANT'S NAME TELEPHONE NUMBER

ADDRESS CITY STATE ZIP CODE

BIRTHDATE AGE RACE SEX T-Shirt Size – Youth or Adult

(Attach most recent report card) YES or NO
LAST GRADE COMPLETED / SCHOOL - Eligible for free or reduced school lunches?
*(If you are seeking a scholarship award, provide three current income pay stubs or other
income source for income verification.)*

RELIGIOUS AFILLIATION (optional)

PARENTOR GUARDIAN (S) EMAIL RELATIONSHIP

IN CASE OF EMERGENCY CONTACT: ADDRESS TELEPHONE NUMBER

I _____ agree to follow all rules and regulations concerning
conduct and dress. I also agree to participate in all activities unless I provide a doctor's
excuse. If I violate these rules, I understand that I may be subject to expulsion (removal)
from the program.

PARTICIPANT'S SIGNATURE DATE

I _____ give my son/daughter _____
permission to participate in the Elim Safe Summer Academic Enrichment Program
(ESSAE) 2014. I agree that (S)he can participate in all camp activities. I agree that my
child must follow all rules and regulations concerning conduct and dress. I take full
responsibility for any damage my child does to the property or the person of another. I
understand that if my child violates these rules (s)he may be subject to expulsion from the
program.

PARENT/ GUARDIAN'S SIGNATURE DATE



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Release of Liability

I, _____, release Elim Community Corporation of all
parent/guardian

liability as a result of personal injury to _____ while
participants name

attending ESSAE or while under the care of staff/representative of Elim Community Corporation for
the 2015 calendar year.

ESSAE will be held Monday, July 6, 2014 through Thursday August 14, 2015,
Monday – Friday, 8:00 a.m. until 4:00 p.m. (Extended hours upon request).

Start Date: _____
My child will attend Weeks # 's 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___

Signature Ddate

Please provide a copy of your child's most recent report card.

Permission Slip for ESSAE Program Field Trips and Other Activities

___ Sprinkler ___ Feild Trips ___ Metro Rail/Bus ___ Walking ___ Photo's

If you wish to permit your child to participate in the above activities and any others activities not listed
while enrolled in the ESSAE. Photo's may be taken of activities and used in publications for
ElimCommunity Corporation And it's programs. Please let us know if there is any reason your child
can not participate in all of the above.
Please complete the below permission statement.

MY CHILD _____ Has my permission to participate in the above activities.
NAME

SIGNED: _____ DATE: _____
PARENT/GUARDIAN

Elim Community Corporation
70 Chalmers Avenue Buffalo, New York 14214
716-832-7698 ext. 200 (telephone) 716-832-7652 (fax)
Sheila R. Wallace, Camp Director