

# New Hope Christian Academy

## ELECTRONICS WAIVER

Date: \_\_\_\_\_

I, \_\_\_\_\_, am allowing my child, \_\_\_\_\_ to  
(Parent/guardian's full name) (Child's full name)

bring the following item(s) to New Hope Christian Academy (please list electronics):

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I understand that *neither New Hope Christian Academy nor its employees* will be held responsible for the care, condition or loss of the item(s).

Signed:

\_\_\_\_\_  
(Parent/guardian's signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
Charity Stewart

\_\_\_\_\_  
(Date)

Director, New Hope Christian Academy Summer Camp



# NEW HOPE CHRISTIAN ACADEMY

## Parent/Guardian Request for Administration of Topical Ointments

Instructions- Parent/ Guardian must fill out for non-prescription ointment.

(check all that apply)

\_\_\_\_ Chapstick

\_\_\_\_ After Sun

\_\_\_\_ Diaper Cream

\_\_\_\_ Lotion

\_\_\_\_ Sunscreen

\_\_\_\_ Baby Powder

Complete all of the following information:

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Weight: \_\_\_\_\_

Name of Ointment: \_\_\_\_\_

To be Administered: \_\_\_\_\_

From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\* Request for administration of Medication Form Valid for no longer than 12 Months.\*\***



# NEW HOPE CHRISTIAN ACADEMY

## New Hope Christian Academy and Early Learning Center MOVIE PERMISSION FORM

Yes, I give \_\_\_\_\_ permission to watch the following PG movie:  
\_\_\_\_\_ on \_\_\_\_ / \_\_\_\_ / \_\_\_\_.

No, I would like \_\_\_\_\_ to participate in an alternate activity  
during the time this movie is shown.

For any guidance with your decision, we recommend visiting [www.pluggedin.com](http://www.pluggedin.com) as a good frame of reference. Plugged In is a Focus on the Family publication designed to shine a light on the world of popular entertainment while giving families the essential tools they need to make the right decision for their family.

\_\_\_\_\_  
Parent Name (print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date



## Field Trip Permission Slip

My child, \_\_\_\_\_, has permission to travel with New Hope Christian Academy on any field trips throughout the Summer Adventure Club program. I understand that my child will travel in either a church van or school bus to our field trip destination. I authorize any medical treatment in the case of an emergency and agree that I am responsible for the cost of said treatment.

I also agree to release, hold harmless, and indemnify New Hope Christian Academy, its agents, representatives, and employees from all claims, damages, or other liabilities for injuries to my child which are not the result of gross negligence, intentional neglect, or willful or wanton conduct by the School or its agents, representatives, or employees.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

## Swimming Pool Permission Slip

My child, \_\_\_\_\_, has permission to go to Groveport Aquatic Center and Grove City's Big Splash Pool. We will go to The Big Splash every Friday. There will be a field trip to Groveport Aquatic Center on July 12<sup>th</sup>.

Also, PLEASE CIRCLE the correct option below, so that we can make sure your child's swimming experience as safe and as fun as possible.

Can your child swim?

☐ Yes

☐ No

Would you prefer your child to:

☐ Swim in the 3 ft. area only

☐ They may swim anywhere

Can your child go off of the diving boards in the deep end?

☐ Yes

☐ No

Can your child go down the slide?

☐ Yes as long as it is in shallow water

☐ Yes, in any area of the pool

☐ No

Additional notes about your child's swimming experience, ability or fears.

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Parent Signature/Date