

# **SUMMER CAMP REGISTRATION**

**The Information below must be turned in before  
the first day of Summer Camp.**

- **Completed Registration Form**—your child will not be allowed to attend until the registration form is filled out properly & completely. Circle exact days attending on the calendar.
- **Registration Fee**—is non-refundable and must accompany the registration form.
- **Payment Agreement**—must be signed.
- **Field Trip/Medical Form**—must be filled out entirely. This form is taken on all field trips.
- **Pool Permission Form**—must be signed.
- **Birth Certificate**—must be provided if not on file.
- **Health Exam & Immunization Record**—must be provided if not on file.
- **Social Security Number or Visa**—must be provided.

We cannot accept students until all the above forms are turned into the office. Missing forms will cause a delay in your child's start date.

## **Parent Information**

Welcome to Word of Life Christian Academy Summer Camp! We are grateful that God has brought us together. The daily care and training of your child is very important to us. We look forward to a wonderful summer together!

### **Program Options:**

Summer Camp Day: (6:30 a.m.—6:00 p.m.) Most field trips take place between 9:00 a.m.-3:00 p.m.

**\*\*Students who stay beyond the normal pickup time will be charged a late pickup fee of \$15.00 every 10 minutes (or fraction thereof) that the parent is late.**

### **Schedules:**

Weekly schedules will be sent home so that you will know the activities planned for that week.

### **Arrival and Departure:**

Students must be signed in and out each day by a parent or an adult. If arriving before 9:00 a.m., you will bring your child to the gym. After 9:00 am, please bring your child to the school office unless otherwise instructed. Be sure to tell any family/friends that will drop off or pick up your child about this routine.

Your child is important to us. For your child's protection the following procedures will be followed:

- Only persons with prior written permission will be allowed to remove your child from the school.
- Identification will be requested from persons who the teachers do not recognize. (This may include a parent if the teacher does not know both.)
- Your child will only be released to an adult.
- Parents who are separated or divorced must have a court custody order on file with the school before restricting parent pickup privileges.

The main lobby entrance to the building must be used between the hours of 9:30 a.m. and 3:00 p.m. to access the school.

**Lunch and Other Food:**

During summer camp the school does not provide lunches. Each child is responsible to bring their own. Morning and afternoon snack will be provided.

Lunch: Students must provide their own lunches. We regret that facilities for heating or refrigerating students' lunches are not available.

**Items From Home:**

Children should not bring toys or other items from home to the classroom unless requested by the teacher for a special event. Personal toys or electronic devices brought from home often become broken or lost which causes disappointment for the child. WOLCA will not be responsible for replacement of broken or lost items. Only videos with a G rating will be allowed for special occasions and must be pre-approved by the director.

**Student conduct:**

In order to maintain a healthy classroom environment, it is important that students are respectful in manners, conduct, and speech. Any actions, such as hitting or throwing of objects intended to harm others will result in immediate consequences. Students will be taught to communicate their needs calmly. Students who express themselves in a disruptive manner will be removed from the classroom and the parents will be notified.

**Discipline:**

Word of Life Academy believes in discipline that is firm, yet loving. Our objective of discipline is to help your child learn both self-control and expression of their feelings in socially acceptable ways. Limitations are clearly defined and consistently maintained. Word of Life Academy does not exercise any form of corporal punishment.

**Phone Calls:**

All calls concerning students will be handled in the office. Teachers cannot leave their classroom to answer phones. If you need to speak with a teacher, messages will be taken and return calls made during break or you may talk with the teacher before or after class. You may also email the teacher.

**Dress Code:**

Summer Camp students are not required to wear uniforms. Students are not allowed to wear halter tops or spaghetti straps or biker shorts. Clothing should be comfortable and such that the student can manage it to use the restroom. Girls wearing a dress or skirt need to wear shorts underneath. They must wear shoes that are closed, such as tennis shoes, (not sandals or other open shoes.) Children cannot wear two piece bathing suits and must wear a covering and shoes to and from the pool.

**Field Trips and Transportation:**

All field trips for summer camp will be announced at least a week in advance.

Field Trips are from 9:00 a.m. to 3:00 p.m... Children attending field trips must arrive no later than 8:45. We do not have staff to care for children who opt out of a trip or who are late and miss the bus. (Parents are responsible to make arrangements when these occasions arise.)

**MEDICATION POLICIES:**

WOLCA employees will administer medication to students under the following conditions:

- Prescription or non-prescription medications will be administered if a parent or guardian turns in a completed medication administration form and brings the medication to the office in its original container.
- Students who have a temperature of 100 degrees or higher must be kept out of school until the temperature has been normal without medication for at least 24 hours.

# Word of Life Christian Academy

## 2011 Summer Camp Registration Form (K5-8<sup>th</sup>)

### Enrollment Information

To be completed by Parent or Guardian. Please print neatly in ink and sign all forms.  
 The non-refundable registration fee of \$75.00 must accompany this application.

<b>Child's Name</b>		Last	First	Middle	Sex	Telephone ( )
Age	Birth date	Grade Entering		Ethnic Origin(For Census Info)		Social Security No.
<b>Father's Name</b>		Last	First	Middle	Social Security # (Required)	Home Telephone ( )
Home Address	Number	Street	City	State	Zip	Cell Phone ( )
Employer	Employer's Address					Business Telephone ( )
<b>Mother's Name</b>		Last	First	Middle	Social Security # (Required)	Home Telephone ( )
Home Address	Number	Street	City	State	Zip	Cell Phone ( )
Employer	Employer's Address					Business Telephone ( )
Child Lives With: (Check All That Apply)	Mother	Father	Stepfather	Stepmother	Other (Please List)	E-Mail Address

**NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY**  
 (Child will not be allowed to leave with any other person without written authorization from parent or guardian)  
 (Picture ID will be required to remove child from facility)

Name	Relationship	Home Phone	Work Phone

(If a parent is restricted from picking up the child, we must have a copy of the court order in our files.)

**PERSONS OTHER THAN PARENTS WHO MAY BE CALLED IN AN EMERGENCY**  
 (Must provide at least two contacts who can be called if the parents cannot be reached)

Name	Relationship	Home Phone	Work Phone

First Day of Attendance:	Approximate Drop off time:
Number of Days Per Week:	Approximate Pick up time:

**REGISTRATION REQUIRED~NO DROP-INS**

## 2011 SUMMER CAMP FEES

**Summer Camp Registration Fee: \$75.00 (Non-refundable)**  
**Weekly Fee: \$205 (6:30 a.m.-6:00 p.m.)**

**Please Circle the exact weeks your child will be attending Summer Camp.**

**You will be billed according to the weeks selected.**

<b>JUNE</b>					<b>JULY</b>					<b>AUGUST</b>				
Mon	Tues	Wed	Thurs	Fri	Mon	Tues	Wed	Thurs	Fri	Mon	Tues	Wed	Thurs	Fri
		<b>1</b>	<b>2</b>	<b>3</b>					<b>1</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	No Camp Holiday	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>8</b>	<b>9</b>	<b>10</b>	<b>11</b>	<b>12</b>
First Day of Camp	<b>14</b>	<b>15</b>	<b>16</b>	<b>17</b>	<b>11</b>	<b>12</b>	<b>13</b>	<b>14</b>	<b>15</b>	<b>15</b>	<b>16</b>	<b>17</b>	<b>18</b>	<b>19</b>
<b>20</b>	<b>21</b>	<b>22</b>	<b>23</b>	<b>24</b>	<b>18</b>	<b>19</b>	<b>20</b>	<b>21</b>	<b>22</b>	<b>22</b>	<b>23</b>	<b>24</b>	<b>25</b>	<b>26</b>
<b>27</b>	<b>28</b>	<b>29</b>	<b>30</b>		<b>25</b>	<b>26</b>	<b>27</b>	<b>28</b>	<b>29</b>	<b>29</b>	<b>30</b>	<b>31</b>		

<b>SEPTEMBER</b>				
Mon	Tues	Wed	Thurs	Fri
			<b>1</b>	Last Day Of Camp

### 2011 Summer Camp Payment Agreement

Your child's place cannot be held without the necessary paperwork and non-refundable Summer Camp Registration of \$75.00. We cannot complete the registration process until these fees are paid. Everyone must pay the registration fee regardless of number of days attending.

Each child must be signed in and out each day. Summer Camp hours are from 6:30 a.m. to 6:00 p.m. Children must be picked up by the appropriate pickup time. No credit or refunds will be issued for absences due to illness, suspension, weather, or travel.

Weekly tuition must be paid on or before Monday morning before a child will be permitted to enter camp for that week. Any students currently enrolled in WOLCA will not be permitted to attend summer camp if their school account is not paid in full.

I have read the above statements and agree to abide by the agreement as set forth in its entirety.

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

\_\_\_\_\_  
Date

# Summer Camp Field Trip Release/Emergency Medical Form

## WORD OF LIFE CHRISTIAN ACADEMY

5225 Backlick Road Springfield, VA 22151 Phone: (703) 354-4222

This form will be on file at the school office for the duration of Summer Camp and will be effective for all field trips. School Year: 2011

I give permission for \_\_\_\_\_, Grade \_\_\_\_\_, to participate in all sports and school sponsored trips away from the school premises throughout the duration of Summer Camp. Students will be accompanied by a teacher and will be under adequate supervision. I grant permission for WOLCA to photograph/ video my son/daughter for possible use in school projects. I understand that if at any time the Summer Camp determines, in its sole discretion that my actions do not support the ministry, or reflect a lack of cooperation and commitment to the home and school working together, the Summer Camp has the right to request the withdrawal of my child (ren)

Although the school desires to provide a safe and enjoyable time for all students, accidents can still happen. I/we understand that there are risks/dangers involved with participation in off-campus trips and their associated activities. In consideration of my child being allowed to participate in this event, I/we agree to assume responsibility for those ordinary and reasonable risks associated with the travel and activities. I/we agree to hold harmless Word of Life Christian Academy, its affiliated organizations, employees, agents, and representatives, including volunteer and other drivers, from any and all claims arising from my child's participation. This release agreement does not apply to claims of intentional (criminal) misconduct or gross negligence by the school, its employees, or volunteers. If such circumstances are proved in a court of law, I/we acknowledge and agree that the school can assume no financial liability beyond its actual liability insurance policy in force.

In case of accident, illness, or other emergency, I/we request that the school contact me. If the school cannot reach a parent/guardian after conscientious effort, I/we give permission for school staff to call paramedics or any licensed physician or dentist. If a life-threatening emergency exists, I/we give permission for school staff to call paramedics immediately and then contact me/us as soon as possible thereafter.

I/we authorize and consent to any X-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which, in the best judgment of a licensed physician or dentist, is deemed advisable. I/we agree to assume the financial responsibility for expenses incurred as a result of those services being provided. I/we also agree to be financially responsible for emergency medical transportation.

_____	_____	_____	_____
<i>Father/Guardian's Signature</i>	<i>Date</i>	<i>Mother/Guardian's Signature</i>	<i>Date</i>
Name Printed: _____		Name Printed: _____	

If the child lives with both parents, the release must be signed by both parents/guardians.

Witnessed by: \_\_\_\_\_ Date: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Under the Name of: \_\_\_\_\_ Relationship: \_\_\_\_\_

Allergies (including reactions to medication): \_\_\_\_\_

Medication being taken: \_\_\_\_\_

Preferred hospital: \_\_\_\_\_ Date of last Tetanus shot: \_\_\_\_\_

Are there any physical or medical conditions we should know about not already stated? \_\_\_\_\_

Student's home phone: \_\_\_\_\_ Student's address: \_\_\_\_\_

Father's work phone: \_\_\_\_\_ Father's cell phone: \_\_\_\_\_ Father's Pager: \_\_\_\_\_

Mother's work phone: \_\_\_\_\_ Mother's cell phone: \_\_\_\_\_ Mother's Pager: \_\_\_\_\_

In case of emergency, who is your nearest relative or neighbor we should contact if we are unable to contact you at home or work?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Wk Phone: \_\_\_\_\_ Hm. Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Wk. Phone: \_\_\_\_\_ Hm. Phone: \_\_\_\_\_

## POOL PERMISSION FORM

My child, \_\_\_\_\_ has permission to participate in swimming activities as part of the \_\_\_\_\_ 2011 \_\_\_\_\_ Summer Camp program at Word of Life Christian Academy. In addition to Lifeguards at the pool, Word of Life Christian Academy will provide required and adequate supervision for all students during this activity. I understand that this activity is considered a field trip and agree to the terms regarding field trips listed on the “Summer Camp Field Trip Release/Emergency Medical Form”. I also understand that no swimming lessons will be given.

I agree to provide my child with a **one-piece** bathing suit, towel, and a T-shirt and shoes to wear to and from the pool. I also agree to provide a waterproof bag for my child to transport wet clothing.

\_\_\_\_\_  
*(Parent or Guardian)*

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

### MY CHILD’S SWIMMING ABILITY IS:

\_\_\_\_\_ **Cannot swim**

\_\_\_\_\_ **Beginner**

\_\_\_\_\_ **Intermediate**

\_\_\_\_\_ **Advanced**

# Summer 2011 Fun



June 13-

K5-8th Grade

-September 2



**Word of Life Christian Academy**

5225 Backlick Road  
Springfield, VA 22151  
(703) 354-4222, ext. 203  
wolca.org