

2017 Summer Camp Registration Form (K5-8th)

Enrollment Information to be completed by Parent or Guardian. Please print neatly in ink and sign all forms.

The non-refundable registration fee of **\$35.00** must accompany this application.

Price is **\$235 per week 8:00am-4:00pm /Before Care \$10 6:30-8:00am/After Care \$15 4:00-6:00pm/Wkly**

Child's Name		Last	First	Middle	Sex	Telephone ()
Age	Birth date	Grade Entering		Ethnic Origin(For Census Info)		
Father's Name		Last	First	Middle	Social Security # (Required)	Home Telephone ()
Home Address	Number	Street	City	State	Zip	Cell Phone ()
Employer		Employer's Address				Business Telephone ()
Mother's Name		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	Other (List)	Email Address For Mom and Dad:		

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	Cell 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	Cell Phone	Work Phone

First Day of Attendance:	Approximate Drop off time:
	Approximate Pick up time:

REGISTRATION REQUIRED~NO DROP-INS

Word of Life Christian Academy admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students of the school. Word of Life Christian Academy does not discriminate on the basis of race, color, or national or ethnic origin in administration of its educational policies, admissions policies, discipline policies, and athletic and other school-administered student programs.

Theme Weeks for **CAMP WOLCA** 2017

PLEASE CHECK THE BOX BESIDE THE WEEKS YOU PLAN TO ATTEND

(You will be billed for the weeks checked)

Each week will include arts/crafts, swimming, games, and GREAT field trips.

<input type="checkbox"/>	June 19-23	WEEK 1	Water Works, Children’s Museum DC, Movies/Pool, Port Discovery, Volcano Island
<input type="checkbox"/>	June 26-June 30	WEEK 2	Pirate’s Cove, Ice Skating, Movies/Pool, Mount Vernon, Atlantis Water Park
<input type="checkbox"/>	July 3-5-7*	WEEK 3	Ocean Dunes Water Park, HOLIDAY, Movies/Pool, Boomerang Pirate Ship, Volcano Is
<input type="checkbox"/>	July 10-14	WEEK 4	Pirate’s Cove, Nat. Geo. Museum, Movies/Pool, Alex. Seaport Cruise, Great Waves
<input type="checkbox"/>	July 17-21	WEEK 5	Ocean Dunes, Maryland Zoo, Movies/Pool, White House or Capitol, Atlantis
<input type="checkbox"/>	July 24-28	WEEK 6	Pirate’s Cove, Bowling, Movies/Pool, Roer’s Zoofari, Volcano Island
<input type="checkbox"/>	July 31-Aug. 4	WEEK 7	Pirate’s Cove, Chuck E Cheese, Movies/Pool, Skyline Caverns, Atlantis
<input type="checkbox"/>	Aug. 7-11	WEEK 8	Ocean Dune’s, Leesburg Animal Park, Movies/Pool, Leesylvania Park, Great Waves
<input type="checkbox"/>	Aug. 14-18	WEEK 9	Pirate’s Cove, Ice Skating, Mini Olympics/Pool Party, Central Park Fun, Water Works

**THE COST FOR THE WEEK OF JULY 3-7 IS \$188 DUE TO THE 4TH OF JULY HOLIDAY*

Field Trips subject to change if need arises.

2017 **CAMP WOLCA** Payment Agreement

**(Must Be Signed By Parent.)*

Your child’s place **cannot be held without** the necessary paperwork signed (*#1Completed Registration Form, #2/3Payment Agreement, #4Field Trip/Medical Form, #5Pool Permission Form, and Birth Cert. or Passport and Virginia School Entrance Health Form*)

and **non-refundable Summer Camp Registration of \$35.00.**

Each child must be signed in and out each day.

Summer Camp hours are from 8:00 a.m. to 4:00 p.m. \$235 weekly

Before Care is Available from 6:30 a.m. to 8:00 a.m. \$10 weekly

After Care is Available from 4:00 p.m. to 6:00 p.m. \$15 weekly

Please indicate below if you will need before (6:30 -8:00 am) or after care (4:00-6:00 pm).

BEFORE CARE NEEDED

AFTER CARE NEEDED

For those not registered in Before or After Care, Emergency Care will be available at \$5 per day for before or \$10 per day for after care. A second child discount of 10% is available.

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 the Summer Camp Rules & Regulations and agree to abide by the agreement as set forth in its entirety.

Parent Signature _____ **Date** _____

Camp WOLCA 2017 Parental Agreement and Financial Policy

#3

Registration Fee Required: A registration fee is required to enroll a child (please see current rates enclosed). The registration fee will be refunded only if a child is not accepted by the Academy, otherwise it is considered **non-refundable**. All other fees are refundable if student does not enroll.

Monthly Statements: All fees and charges will be itemized for you on a monthly statement. Monthly statements are generated by our tuition system.

Tuition: Payments must be made on Friday, prior to week attending. No refunds will be given in the case of illness, absence, holidays, suspension, weather or expulsion.

Payments: All **Registration Fees** are due at time of registration. **Extended Care** will be paid with tuition. **Tuition will be paid through FACTS, a tuition/fee billing and management service each Friday. Registration is FOR FULL WEEKS ONLY, NO DAILY RATES.**

Late Fees and Returned Checks: All accounts are subject to a late fee of \$30 if payment is not received on time. As a result of a returned check your account will be assessed a charge for the amount of the returned check, as well as a \$35 returned check fee.

Withdrawals: Intent to withdraw a student or change schedule must be made to the Head of School in writing and at least two weeks in advance. Failure to do so will result in an additional two weeks of charges reflected on the bill. No exceptions will be made.

Dismissal: If a student is permanently dismissed for any reason, parents remain responsible for ensuring payment is made for the weeks attended.

Collections and Student Records: In the event a payment is rejected for any reason, the student will not be allowed to attend the following week. Payment for tuition, fees and other charges will not be allowed in arrears. In case of returned payment, the parent will be notified immediately to make full restitution along with the late payment fee of \$30.00. The student will be terminated for the remaining of the week and all future weeks until the balance is paid in full. There is no proration of weekly tuition rates for attending less than the entire week. One day of attendance constitutes a full week of tuition costs. The administration reserves the right to refer the account to a collection agency. In the event an account is referred to a collection agency, collection fees in an amount not less than 33% of the delinquent balance shall be added to the account.

Records: All student records, including health records, will not be released until the account is paid in full and only after final payment clears the bank if made in the form of a check. All requests must be made in writing and allow a minimum of two full business days for processing.

Late Pick Up: Students not enrolled in after care must be picked up by 4:00 p.m. or a late fee will be assessed. Students enrolled in after care must be picked up by 6:00 p.m. or a late fee will be assessed. A late fee of \$15.00 will be applied every 10 minutes or fraction thereof. Late fees will be added to the statement at the end of the month.

Sick Policy: Any child with a fever of a 100° or higher, vomiting, or other serious condition must be picked up by a parent or other authorized individual in a maximum of one and a half hours (1 1/2) from the time the parent is contacted.

Arbitration: If a legal issue, disagreement, conflict, problem, injury, injustice, or any other legal dispute should arise between the school, or one of its agents and a child, or parent of a child, we agree, in accordance with the WOLCA Policy and Procedures Manual process for Christian Conciliation, to binding arbitration with a non-partial arbitration party (party to be named in each individual case) for the settling of all issues.

Continual Conflict: In the event a child, or the parent of the child, continually causes disagreements, conflicts, strife, or arguments, the child shall be dismissed from the school without legal recourse.

Legal Fees: All legal fees, collection fees, attorneys' fees, collection costs and any additional fees incurred by the school in an effort to settle disputes connected to this account shall be the sole responsibility of the parent or guardian for which this agreement is made.

Parental Agreement: Upon favorable acceptance of the student named above, I hereby agree to accept all rules and regulations of the school and authorize the school to administer such disciplinary measures as may be deemed necessary and proper by the administration. We will pray for our child's educational progress and for the teachers and staff and will give active support to the school program in every way possible, and attending mandatory school functions to which parents are invited. We agree to pay tuition and such fees as are chargeable according to the current schedule of tuition and fees. It is understood that this is an application only and that space will not be reserved for our child until the enrollment process is completed and all fees are paid. I have read and accept the financial policy for tuition fees and refunds. All parents must have an emergency phone number and a working e-mail which they check regularly as a condition for their child attending Word of Life Christian Academy. It is the parent's responsibility to provide the school with any updates to their e-mail address and emergency telephone contact information if the information provided to the school on the enrollment forms changes. It is vital that the school has this current contact information and that the parent is accessible by e-mail so that they can stay informed with important communications pertaining to their child and so that they are readily accessible in the event of an emergency.

I have read the above financial policy/parental agreement and fully agree to abide by the policy as set forth in its entirety. I understand that this parental agreement and financial policy will be strictly enforced. I agree to pay all financial obligations to Word of Life Christian Academy. I understand that I will have the late fees added to my account if the payment is not made by the due date. I agree to uphold the rules and regulations of Word of Life Christian Academy as set forth in the Parent/ Student Handbook (excerpted from the Policy and Procedures Manual.) including the WOLCA procedure for addressing conflict through Christian conciliation. I will support the school's discipline by administering discipline in the home as needed. Also in signing this agreement, I give consent for my child to participate in all school programs unless I notify the administration in writing otherwise. I understand the school will keep me informed of school activities well in advance.

**** All parties having responsibility for payment of tuition of the child must sign, date, and include social security number.***

Mother/Guardian #1 (signature)	Social Security # (required)	Date
Father/Guardian #2 (signature)	Social Security # (required)	Date

This form will be on file at the school office for the duration of the school year and will be effective for all school activities and field trips. I give permission for _____, Grade _____, to participate in all sports, school activities, and school sponsored trips away from the school premises throughout the duration of the school year. During school trips, students will be accompanied by a teacher and will be under adequate supervision. I further understand that I may revoke permission for a specific field trip/off site activity by written notice hand-delivered to the school Administrator more than one day prior to the trip.

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 provided with participation in off-campus trips and their associated activities. In consideration of my child being allowed to participate in school activities and trips, 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 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.

Father/Guardian's Signature _____ Date _____ Mother/Guardian's Signature _____ Date _____

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

Physician: _____ Office Phone: _____

Dentist: _____ Office Phone: _____

Health Insurance Carrier: _____ Policy #: _____

Under the Name of: _____ Relationship: _____

Allergies (including reactions to food or 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: _____

Mother's work phone: _____ Mother's cell phone: _____
In case of emergency, who is your nearest relative or friend we should contact if we are unable to contact you?

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

POOL PERMISSION FORM

My child, _____ has permission to participate in swimming activities as part of the _____ 2017 _____ 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**

CAMPWOLGA

T-Shirt Order Form

Please indicate shirt size:

YS _____ AS _____

YM _____ AM _____

YL _____ AL _____

YXL _____ AXL _____

Childs Name: _____

Shirts are Available for \$10 ea.