

CAMPWOLCA

2015 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 **\$225 per week 8:00am-4:00pm /Before Care \$10 6:30-8:00am/After Care \$15 4:00-6:00pm**

Child's Name			Last	First	Middle	Sex	Telephone ()
Age	Birth date		Grade Entering		Ethnic Origin(For Census Info)		Social Security No.
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	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:
		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 **CAMPWOLCA** 2015

PLEASE CHECK THE BOX BESIDE THE WEEKS YOU PLAN TO ATTEND

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

<input type="checkbox"/>	June 22-26	WEEK 1 THE NATIONAL ZOO + other great field trips!!!
<input type="checkbox"/>	June 29-July 2	WEEK 2 DOUBLE PLAY (PUMP IT UP/GLOW GOLF) + other great field trips!!!
<input type="checkbox"/>	July 6-10	WEEK 3 SPLASH DOWN WATER PARK + other great field trips!!!
<input type="checkbox"/>	July 13-17	WEEK 4 ADVENTURE PARK USA + other great field trips!!!
<input type="checkbox"/>	July 20-24	WEEK 5 PORT DISCOVERY + other great field trips!!!
<input type="checkbox"/>	July 27-31	WEEK 6 REBOUNDERZ. + other great field trips!!!
<input type="checkbox"/>	Aug. 3-7	WEEK 7 CENTRAL PARK FUN LAND + other great field trips!!!
<input type="checkbox"/>	Aug. 10-14	WEEK 8 LURAY CAVERNS + other great field trips!!!
<input type="checkbox"/>	Aug. 17-21	WEEK 9 DAVE & BUSTER'S + other great field trips!!!

**field trips subject to change if need arises*

2015 **CAMPWOLCA** Payment Agreement

****(Must Be Signed By Parent.)***

Your child's place cannot be held without the necessary paperwork 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. \$225 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

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** _____

ANNUAL EMERGENCY MEDICAL PERMISSION AND ACTIVITY FORM SUMMER 2015

Word of Life Christian Academy • 5225 Backlick Rd. • Springfield, VA 22151 • Ph. (703) 354-4222 • Fax (703) 750-1306 • www.wolca.org

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 _____ 2015 _____ 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 _____

Shirts are Available for \$10 ea.

YM _____ AM _____

YL _____ AL _____

YXL _____ AXL _____

Childs Name: _____