



K5 – 6th Application for WOLCA Summer Camp!

The Registration Fee of \$80 and a \$10 tee-shirt rental fee must accompany this application along with the Emergency Medical Permission and Activity form.

Camper's Name (Please print) _____

Last Grade Completed _____ School last attended _____

DOB: _____

Parent's Names: Mother: _____

Father: _____

Parent's Emails: Mother: _____

Father: _____

Mother's Cell Phone: _____ Father's Cell Phone: _____

Camper's home address: _____

Any allergies? Yes or No If yes, what allergy? _____

Payment for Summer Camp must be made through your FACTS account.

Summer Camp is from 8:00 am to 4:00 pm. Please check the weeks you would like your camper to attend. \$300 per week. (Lunch and snacks are not included.)

Week 1: Blast Off!	June 12_____	Week 6: Big Top Circus	July 17_____
Week 2: Sports & Games	June 19_____	Week 7: Wacky Science	July 24_____
Week 3: Wild West	June 26_____	Week 8: Into the Wild!	July 31_____
Week 4: Party in the USA	July 3_____	Week 9: Hawaiian Luau	Aug. 7_____
Week 5: Down on the Farm	July 10_____		

For any week you need to cancel, a minimum of a 2-week notice needs to be given to the office.

Names of People Authorized to pick up child from Camp.

Name	Relationship	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

MUST PROVIDE two names of people to contact in case of emergency.

Name	Relationship	Phone
_____	_____	_____
_____	_____	_____

Summer Camp Tee-shirts:

Campers are required to wear a WOLCA Summer Camp tee-shirt each day. T-shirts will remain at the school and be laundered every evening. T-shirt rental cost: \$10. Please choose a size below.

_____ YS _____ YM _____ YL _____ YXL

Medical Release:

Your signature below authorizes Word of Life Academy to contact a physician (at your expense) to render necessary emergency treatment for serious injury or accident if neither parent/guardian can be reached. This further authorizes WOLCA to take your child to a local physician of the school's choice if your physician is not available. In the event that emergency treatment is necessary, WOLCA will be held harmless in all decisions. In case of disaster, your child will only be released to those persons listed in the emergency information section.

The parent agrees to notify the school immediately when their child has been diagnosed with a contagious illness. Upon having a contagious disease, the child must have written consent from either a physician or the Health Dept. to return to school. The parent also agrees to keep their child at home if the child is sick. The school agrees to notify the parent/guardian whenever the child becomes ill at school, and parent/guardian agrees to pick up the child as soon as possible thereafter. In the event a child is sent home with a temperature of 100 degrees or higher, the parent agrees to keep the child home until a normal temperature has been maintained with medication for 24 hours.

All medication must be brought to the preschool/elementary office accompanied by a separate Medication Permission Form (MAT) before any medication will be administered.

I also agree to abide by all policies and procedures as stated in the Preschool/Elementary Student Handbook.

Marketing Materials Release:

I grant WOLCA the right and authority to use and publish in advertising/marketing materials my child's picture. No monetary endorsement will be given to parents or students. Please circle one below.

I WILL allow my child's picture to be used.

I WILL NOT allow my child's picture to be used.

Parent/Guardian Signature	Date
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**Emergency Medical Permission and Activity Form
SUMMER CAMP - 2023 - N3-6th Grade**

PLEASE ATTACH A COPY OF STUDENT'S VACCINATION REPORT.

This form will be on file at Word of Life Christian Academy, 5225 Backlick Road, Springfield, VA. 22151 for any school year and summer field trips or activities. I give permission for _____, age _____, to participate in all sports, camp/school activities, and camp/school sponsored trips away from the school premises throughout the time my child is enrolled in WOLCA. During trips, students will be accompanied by a teacher and will be under adequate supervision at all times. I further understand that I may revoke permission for a specific field trip/off site activity by written notice hand-delivered to the main office more than one day prior to the trip.

Although WOLCA 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, on or off campus associated activities and trips. In consideration of my child being allowed to participate in camp 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 volunteers 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 provided 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 the school staff to call paramedics or any licensed physician or dentist. If a life-threatening emergency exists, I/we give permission for the 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 judgement 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.

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

Father/Guardian's Signature

Date

Mother/Guardian's Signature

Date

Child's Doctor Information: Physician's Name: _____ Office Phone: _____ Dentist Name: _____ Office Phone: _____	
Child's Insurance Information: Health Insurance Carrier: _____ Policy #: _____ Under the Name of: _____ Relationship: _____	
Child's Medical Information: (Please list any allergies including reactions to foods or medications) Allergies: _____ Medications being taken: _____ Preferred Hospital: _____ Date of last Tetanus shot: _____	
Child's Information: Student's Home Phone: _____ Student's Address: _____ Father's Work Phone: _____ Father's Cell Phone: _____ Mother's Work Phone: _____ Mother's Cell Phone: _____	
Emergency Contact Info: In case of emergency, please list the nearest relative or friend whom we can contact. Name: _____ Relationship: _____ Phone Number: _____ Name: _____ Relationship: _____ Phone Number: _____ Name: _____ Relationship: _____ Phone Number: _____	

SUMMER CAMP: 2023 Parental/Payment Agreement & Financial Policy

Registration Fee Required: A registration fee is required to enroll a child in camp.

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

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

Payments: All Registration Fees are due at time of registration. Parents must register with FACTS, our tuition management service. If you have not signed up in FACTS or paid the fees by the due date, your child will not be guaranteed a placement in camp.

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.

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

Late Pick Up: Students must be picked up by 4:00 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. If late pickup continues to occur, student will not be allowed in camp with no refund.

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.

CHILD'S NAME: _____

LAST GRADE: _____

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

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