

Washington Outreach Ministry, Inc.
 Washington Christian Academy
 1920 Stony Point Road
 Shelby, NC 28150
 (704) 435-9001 or (704) 435-3138 ex 201

S.M.A.S.H. Camp 2016

The Enrollment Application Packet consists of a number of forms that must be completed in full prior to the first day of camp. Also due at this time is a \$85 registration and activity fee per registered child. Camp starts June 13, 2016.

Today's
 Date: _____

Name of Child	
Name of Parent	

STUDENT INFORMATION			
Name			
D.O.B			
Age			
School Attending			
Gender (circle)	Male	Female	
Shirt Size (circle)	Youth	S	M L
	Adult	S	M L
		XL	XXL

PARENT/GUARDIAN INFORMATION	
Name	
STREET ADDRESS	
CITY/STATE/ZIP	
PHONE (HOME)	
PHONE (CELL)	
EMAIL ADDRESS	

2 ND CALLED	THIS PERSON WILL BE CALLED 1 ST IN THE EVENT OF AN EMERGENCY. THIS MUST BE A PARENT/GUARDIAN.	3 RD CALLED	THIS PERSON WILL BE CALLED 1 ST IN THE EVENT OF AN EMERGENCY. THIS MUST BE A PARENT/GUARDIAN.
PARENT/GUARDIAN NAME		PARENT/GUARDIAN NAME	
ADDRESS (INCLUDING CITY/STATE/ZIP)		ADDRESS (INCLUDING CITY/STATE/ZIP)	
HOME PHONE		HOME PHONE	
CELL PHONE		CELL PHONE	
EMAIL ADDRESS		EMAIL ADDRESS	
EMPLOYER		EMPLOYER	

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WCA 2016 Summer Academy Enrollment Application Packet

ADULTS AUTHORIZED TO PICK UP MY CHILD (MUST BE AT LEAST 18 YEARS OF AGE. PLEASE INCLUDE YOURSELF AND YOUR SPOUSE)
1.
2.
3.
4.
5.

Emergency Contact Information

Child lives with: Both Parents Mother Only Father Only Other _____

Marital Status: Married Divorced Separated Single Other Additional

Siblings Enrolled in WCA Summer Academy: Yes No

(If yes, please list below)

If applicable, please print the name and age of any sibling(s) who would also be enrolled in camp.	
Name: _____	Age: _____
Name: _____	Age: _____
Name: _____	Age: _____
Name: _____	Age: _____

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Place an X in each box to indicate which week(s) of camp you would like to register your child. Please take the time to carefully make note times, ages, and dates before registering your child.

Week	Dates	Young Discoverers (Pre-K to 2 nd)	Youth Explorers (3 rd -5 th Grade)	Teen Extreme (Middle School)
1	June 13-June 17			
2	June 20-June 24			
3	June 27-July 1			
4	July 4*-July 8			
5	July 11-July 15			
6	July 18- July 22			
7	July 25- July 29			
8	August 1- August 5			
9	August 8- August 12			

*Closed July 4, 2016 for the observance of July 4th Holiday.

Tuition Rates: \$50 per child

Registration and Activity Fees: \$85.00 a child

Tee-Shirt Fee: \$10 per child. T-Shirts are required to be worn each field trip day!

All past due balances from previous camp and/or after school are due before camp . Children will not be allowed to attend camp until all fees are paid.

The above selected sessions are my responsibility to pay unless I have cancelled them in writing. This letter of intent must be given to the Washington Christian Academy Director within a week's notice to avoid billing. Over the phone withdrawals will not be accepted.

 Parent/Guardian Signature

_____/_____/_____
 Date

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Emergency Medical Authorization

A parent/guardian must provide Washington Christian Academy consent for emergency medical treatment to be initiated for their child in the event of an emergency. A parent/guardian may also refuse to grant consent. If you would like to deny consent, please see your program Director.

In the event reasonable attempts to contact me or a second parent/guardian at the numbers listed in my Emergency Contact information, have been unsuccessful, I hereby give consent for: (1) the administration of any treatment of physician or dentist I have listed below, or in the event the designated preferred physician is not available, by another licensed physician or dentist; or (2) the transfer of the child to the designated preferred hospital I have listed or any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity of such action, are obtained prior to the performance of the surgery.

Parent/Guardian Signature

_____/_____/_____
 Date

Health History

This section allows parents to indicate your preferences in doctors/medical facilities and also allows you to communicate any of child's health history information that can help us ensure a safe and happy experience at camp for your child. Please list any information regarding special medical issues, special dietary needs, possible allergies, etc. for your child in this section. If applicable, an Administration of Medication form is available upon request from your Program Director.

Designated Preferred Physician <small>(include: Name, Address, Phone number)</small>		Current Medications	
Designated Preferred Dentist <small>(include: Name, Address, Phone number)</small>		Dietary Modifications	
Designated Preferred Hospital <small>(include: Name, Address, Phone number)</small>		Allergies <small>(Foods, Meds, Insects, Etc.)</small>	

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Authorization to Participate & Understanding of WCA Policies

Please indicate by checking yes or no to what specific activities you will authorize your child to participate in during camp.

Yes No I give my permission for my child to participate in any trips or excursions away from the program site. I understand that transportation for these trips or excursions may be made by walking or riding in a bus.

Yes No I give my permission for my child to use all of the equipment and participate in all activities of the camp program.

Yes No I give my permission for WCA to provide routine health care, administer prescribed medications, and seek emergency medical treatment if necessary.

Yes No I give my permission for my child's image, voice, or written comments to be included in evaluations, pictures, newsletters, and marketing pieces associated with the program. Washington Christian Academy may use these indefinitely, without limitation or obligation for the purpose of promoting or interpreting WCA programs.

Yes No I give my child permission to apply sunscreen that I provide.

Yes No My child has permission to swim **only in the zero depth** entry pool.

Yes No My child has permission to swim in **shallow water only**. In addition to parental permission, child must pass a swim test to be at this depth.

Yes No My child has permission to swim in **deep water**, if they pass a swim test to be at this depth. Lifeguard will verify the child is able to jump feet first into the water, tread for 10 seconds, and continue to swim for one length of the pool. Depending on the swim skills demonstrated my child might be limited to a specific area of the pool. I understand that WCA reserves the right to re-evaluate all deep-water swimmers and may move them to shallow water if deemed necessary.

Yes No I understand that WCA assumes no responsibility for injuries or illnesses which may occur as a result of my child's physical condition or resulting from his/her participation in any athletic events, sports programs, and the use of any equipment, exercise or other activities.

Yes No I understand that any medical expenses resulting from any illness or injury incurred while at camp or attending any WCA program is my responsibility.

Yes No I acknowledge on behalf of myself and my heirs that I assume the risk for any injuries or illnesses, which may result from camp activities. I hereby release and discharge WCA, its agents, servants, and employees from any and all claims for injury, illness, death, loss or damage, which my child may suffer as a result of his/her participation in camp.

Yes No I understand that WCA is not responsible for personal property lost or stolen while participating in the program. My child is responsible for all of his/her belongings. I understand that lost and found is reviewed every Friday and that any items left over at the end of camp each week will be sent to Goodwill.

Yes No I understand that WCA is not responsible for anything that occurs as a result of false information given by a parent or guardian.

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Parent Acknowledgement

By signing and dating below, you are acknowledging the knowledge of and the adherence to all of the below policies and procedures associated with Camp Programs. These policies and procedures are outlined in detail in the 2015 Summer Camp Parent Handbook.

- I understand that I need to pack my child a swim towel, sunscreen, and water bottle on swimming days and that my child needs to wear closed-toed shoes each day.
- I understand that under no circumstances will my child bring their own toys, which include but are not limited to: personal electronic devices, cell phones, card games, or other personal items. If my child does so, the staff will confiscate the item and return it to the parent at the end of the day.
- I understand that camp fees are due by Tuesday each week. If my payment is not received by then, I understand that it is my responsibility to add a **\$10.00 late fee to my payment**. Failure to make camp payment and late fee by the Monday of the next attending week will result in the removal of my child from the camp program and the space will be given to another child on the waiting list.
- I understand that there is a late fee of **\$5.00** per minute/per child after **6:00 pm**. This payment will be made upon arrival, in cash and given to the staff person who remains after scheduled work hours to be with my child.
- I understand that some camp activities are based outdoors and my child may spend considerable amount of time outside, weather permitting.
- I understand that WCA is not responsible for lost or stolen items.
- I understand that WCA is not responsible for my child until the parent/guardian signs them into the program.
- I understand that if my child will be absent from camp, I need to call camp before **8:30 am**.
- I understand that all children must be picked up no later than **6:00 pm**.
- I understand that I will have the opportunity to attend a **Meet-n-Greet with my child on Monday, June 13th from 4 pm-6 pm**.
- I understand that I **MUST** provide a certified copy of my child's immunization form **when I turn in this registration form**.

I have read and fully understand the information provided in this Enrollment Packet. I agree with all terms and conditions presented.

Parent/Guardian Name (Please Print)

Parent/Guardian Signature

____/____/____
Date

For Office Use Only

Enrollment Packet has been reviewed by:

Staff Initials
____/____/____