



2011 APPLICATION

Registration Fee must be included with this application

Today's Date _____

New Returning Full-Time Part-Time

Child's Name _____ Goes by _____

Age _____ Date of Birth _____ Male Female

Address _____ Phone _____

City _____ State _____ Zip _____

School now attending _____ Year Round School? Yes No

Grade Entering in 2010-1011 _____ T-Shirt Size: _____

Please place a check in the box beside the weeks your child WILL BE attending WCA Summer Daycamp:

- | | | |
|-------------------------------------|---|-------------------------------------|
| <input type="checkbox"/> June 6-10 | <input type="checkbox"/> June 27 - July 1 | <input type="checkbox"/> July 18-22 |
| <input type="checkbox"/> June 13-17 | <input type="checkbox"/> July 5-8 | <input type="checkbox"/> July 25-29 |
| <input type="checkbox"/> June 20-24 | <input type="checkbox"/> July 11-15 | <input type="checkbox"/> August 1-5 |

If part-time, what days will your child(ren) attend? _____

List any disabilities, complications, fears or allergies _____

Father's Name _____ Employer _____ Work Phone _____

Supervisor _____ Department _____ Cell Phone _____

Mother's Name _____ Employer _____ Work Phone _____

Supervisor _____ Department _____ Cell Phone _____

Marital Status of Parents (check one): Married Widow(er) Separated/Divorced Remarried

If parents are separated or divorced, with whom does the child(ren) live? _____

Children (Please list the age of each): Brothers _____ Sisters _____

EMERGENCY CARE INFORMATION

Name of Child's Doctor _____ Phone _____

Name of Child's Dentist _____ Phone _____

Hospital Preference _____

If neither father nor mother (or guardian) can be contacted, call:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

PERSON(S) TO WHOM THE CHILD MAY BE RELEASED (OTHER THAN PARENT):

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Who is responsible for the payment of this account? _____

Social Security Number: _____



IN SIGNING THIS APPLICATION, WE AGREE TO THE FOLLOWING:

We give our child permission to participate in all Wilmington Christian Academy camp events. This includes sports, field trips and all recreational activities. This also assumes voluntary participation in these events by the child. We also agree to apply sun screen before the child arrives at Summer Day Camp (per New Hanover County Health Department). We give permission for child to reapply sun screen that is brought from home.

We also give permission for our child's photograph to be used in promotional materials by Wilmington Christian Academy without the expectation of compensation in any manner.

We agree that the Academy staff may authorize the physician of their choice to provide emergency care in the event that neither we nor the family physician can be contacted. We give our permission for the camp to administer emergency care if the need should arise. Any exceptions are hereby listed below:

We will cooperate with Wilmington Christian Academy Summer Day Camp in all policies and standards.

We give permission for our child's teacher or the day care director to make and enforce regulations in a manner consistent with Christian principles and discipline as set forth in the Scriptures. Discipline methods include, but are not limited to, removal of privileges (game time, etc.), parent contact, corporal punishment, suspension or expulsion. We understand that all discipline will be carried out with tender loving care by the teaching staff and the administration. The goal of all discipline is to train the child to be happy and well behaved in all situations. We understand the stated policy concerning corporal punishment, and we will uphold Wilmington Christian Academy in their discipline policy.

We agree to pay the fee for our child's care on Monday or the first day in attendance for the week. There is a \$15.00 late fee for payments not made on time.

We also assume payment for any special activities or field trips that are in addition to regularly scheduled activities such as skating, bowling, and water slide. We will be informed prior to the activity.

In conclusion, we understand that attendance at Wilmington Christian Academy Summer Day Camp is a privilege and not a right. This privilege may be forfeited by any student who does not conform with the standards and regulations at the school or camp. The school may dismiss any student at any time, who, in the opinion of the school, does not fit into the spirit of the school, regardless of whether or not he conforms to the specific rules and regulations of the school.

Father's or Guardian's Signature _____ Date _____

Mother's or Guardian's Signature _____ Date _____

BOTH PARENTS MUST SIGN!

FOR OFFICE USE ONLY

Approval by WCA Summer Day Camp Representative _____

Date Received _____ Paid: Cash Check Number _____