

ENROLLMENT FORM
Camp Wieuca AfterSchool

Child's Name: _____ DOB: ___/___/___

Gender: M F Grade _____ School _____

Address _____ ZIP _____

Mother's Name _____

Address (if different) _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email _____

Work Address _____

Father's Name _____

Address (if different) _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email _____

Work Address _____

With whom is child living? Mother Father Both Other:

Church Affiliation (if applicable) _____

EMERGENCY CONTACT IF PARENTS CANNOT BE REACHED

Name: _____

Relation to child: _____ Home phone: _____

Work phone: _____ Cell phone: _____

***Camp Wieuca AfterSchool
Tuition Plans
2007-2008***

1 day	1st child: \$20	Additional Children: \$20/each
2 days	1st child: \$35	Additional Children: \$35/each
3 days	1st child: \$50	Additional Children: \$45/each
4 days	1st child: \$65	Additional Children: \$55/each
5 days	1st child: \$70	Additional Children: \$60/each

Child's Name _____

Check days attending:

___ **Monday**

___ **Tuesday**

___ **Wednesday**

___ **Thursday**

___ **Friday**

I understand that I must give one week advance notice if I wish to change my tuition plan, whether temporarily or permanently. I further understand that if I do not provide advance notice, I will be charged at my prior rate, with extra days charged at \$20/day.

Parent Signature _____

Date _____

***Camp Wieuca AfterSchool
Pick-up Authorization Form***

Child's Name _____

Parent/Legal Guardian _____

Please list any individual you wish to authorize to pick up your child from camp this school year. If you need to make changes to this list, please contact us and keep the list current.

Name: _____

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

If necessary, please continue list on an attached sheet.

I, _____, attest that I have filled out the above information. I understand that I must give prior notice to Camp Wieuca if anyone other than the listed parents/guardians is to pick up my child.

Signature _____

Date _____

***Camp Wieuca AfterSchool
Activity/Transportation Release***

I, _____, the undersigned parent or legal guardian of _____, do hereby give my permission for my child to participate in the scheduled activities of Camp Wieuca AfterSchool. I understand that my child will be transported from Sarah Smith Elementary, Montgomery Elementary, Garden Hills Elementary, Ashford Park Elementary, or Nancy Creek Theme School to Camp Wieuca on a bus operated by a Camp Wieuca employee or church volunteer. I understand that if my child is transported in the Camp Wieuca school bus, the driver will be in possession of a valid CDL. Furthermore, I hereby release and discharge Wieuca Road Baptist Church and its authorized representatives and professional or volunteer staff, their heirs, executors and administrators from all liability of any kind which might be asserted in behalf of said minor or to myself against the aforementioned church, representatives, professional or volunteer staff, absent of gross negligence or willful and wanton misconduct. Finally, in the event of an accident or medical emergency, if the said staff or representatives are unable to contact me as legal guardian, I hereby grant permission to said staff or representatives to administer necessary first aid, and/or take said minor to the nearest medical facility for additional medical treatment.

(Date)

(Signature)

Camp Wieuca AfterSchool
Parent Handbook Acknowledgment
2007-2008

I, _____, the undersigned
parent/guardian of _____, have received and
reviewed the parent handbook for Camp Wieuca AfterSchool. I agree
to/understand the following:

- I understand the rules and regulations of Camp Wieuca AfterSchool, and will help my child to follow them.
- I understand that if I have any questions about the rules and regulations and how they are applied, I may ask a member of head staff at any time.
- I understand that if I wish to change my tuition plan, I must give at least one week's notice.
- I understand that if my child will not be there on a day he/she is expected, I must notify Camp Wieuca AfterSchool by 1:00 on that day.
- I understand that Camp Wieuca AfterSchool provides a daily snack as part of the program, and that a weekly menu will be posted near the front desk.
- I understand that my child will not be allowed to leave the building unless I, or a person I have designated ahead of time, have signed him/her out at the front desk.
- I understand that I must provide written authorization in order for Camp Wieuca AfterSchool staff to dispense medication to my child.
- I understand that it is my responsibility to keep my child's records current to reflect any significant changes as they occur.
- I understand that I will be informed of any incidents, including illness, injury, exposure to communicable disease, and behavioral problems, that include my child.

Parent's Signature _____ Date _____

Director's Signature _____ Date _____

Camp Wieuca AfterSchool
Health Form

Child's Name _____ **DOB** ___/___/___

Physician's Name _____ **Phone** _____

Known Allergies (Food, Drug, Insect, etc)

Current Medications (Name of medication, dose, reason taken)

Please include a copy of your child's current immunization record.