



Summer Camp 2018

Welcome to camp at Wesley Academy of Early Learning! We are so excited to have you share your summer with us, and we can't wait to get to know you and your child. We will offer engaging indoor and outdoor experiences lending opportunities for fun, friendships, and exploration. Each week a different Disney movie will be featured with fun, hands - on experiences and activities planned for each age group. Themes for this summer include:

June 4th-8th: Jungle Book Safari Week

June 11th-15th: WUMC Vacation Bible School for Early Preschool, Pre-k, & Elementary students / Moana's Luau Party Week

June 18th-22nd: Ratatouille's Little Chefs Week

June 25th-29th: Cinderella's Royal Celebration Week

July 2nd-6th: Toy Story's You've Got a Friend In Me Week

July 9th-13th: Elsa & Anna's Christmas in July Week

July 16th-20th: The Incredible's Superhero Adventure Week

July 23rd-27th: Ariel's Under the Sea Week

Summer camp will begin June 4th and will be open Monday – Friday until July 27th, with the exception of July 4th when WAEL will be closed to allow our staff to celebrate the holiday with family. Our hours of operation will be 7:00am-6:00pm for full time students and 8:00am-2:30pm for part time students.

All WAEL summer camp students will remain in the age group/grade level that they participated in during the 2017-2018 school year, as we don't "graduate" children to the new age groups until August.

Please complete and return the enrollment packet, submit your summer camp registration fee of \$50 per child, and provide a current copy of your child's immunization records for their spot to be reserved.

Your child's teacher will be in contact with you at the end of May to let you know their schedule and specifics on what they will need to bring for summer camp ☺

Wesley Academy Summer Enrollment Form 2018

My child will attend camp (circle one):

Part-time (8am-2:30pm) Full-time (7am-6pm)

My child will attend (circle one):

June July Both Months of Camp

Last completed grade/age group _____

I am currently a member of Wesley UMC _____

I am not currently a member of Wesley UMC but am interested in finding out more about what this church has to offer my family _____

FOR OFFICE USE ONLY

Age Group: Infant 1 2 3 Pre-K
Elementary

Tuition Rate _____

Reg. Fee Check # _____

Amount _____

Date Received _____

Received By _____

Child's Name _____ **Date:** _____

Child's Preferred Name _____ Sex _____ Age _____ Date of birth _____

Home Address (Street) _____

City _____ State _____ Zip _____

Home Phone Number: _____ Last School Attended: _____

Father's Name _____ Father's Cell Number _____

Father's Home Address (if different from child's) Street _____

City _____ State _____ Zip _____

Father's Place of Employment _____ Work Phone _____

Employer's Street Address _____ City _____ State _____ Zip _____

Fathers e-mail address _____ Home Phone Number _____

Mother's Name _____ Mother's Cell number: _____

Mother's Home Address (if different from child's) Street _____

City _____ Zip _____ State _____

Mother's Place of Employment _____ Work Phone # _____

Employer's Street Address _____ City _____ State _____ Zip _____

Mother's e-mail address _____

Child's Living Arrangements: (check one) () Both Parents () Mother () Father () Other

Child's Legal Guardian(s): (check one) () Both Parents () Mother () Father () Other

The child may be released to the person(s) signing this agreement or to the following:

*Name _____ Address _____
(Street-City-State-Zip)
Telephone Number _____ Relationship to child _____
Relationship to Parent(s) or Guardian _____
Other identifying information (if any) _____

*Name _____ Address _____
(Street-City-State-Zip)
Telephone Number _____ Relationship to child _____
Relationship to Parent(s) or Guardian _____
Other identifying information (if any) _____

Persons to contact in the case of emergency when parent or guardian cannot be reached:

Name _____ Telephone Number _____

Name _____ Telephone Number _____

Name _____ Telephone Number _____

Child's doctor or clinic name _____

Doctor/clinic phone # _____

My child has the following special needs/services: _____

The following special accommodation(s) may be required to most effectively meet my child's needs while at the school: (physical therapy, speech therapy, case workers visit's etc...)

My child is currently on medication(s) prescribed for long-term continuous use and/or has the following pre-existing illness, allergies (including food) or health concerns: _____

EMERGENCY MEDICAL AUTHORIZATION

Should (child's name) _____ Date of birth _____
suffer an injury or illness while in the care of Wesley Academy of Early Learning, and the school is
unable to contact me (us) immediately, it shall be authorized to secure such medical attention and
care for the child as may be necessary. I (We) shall assume responsibility for payment for services.

Parent/Guardian: _____
Signature

Date: _____

I agree to have someone pick up my child within 30 minutes of being notified so as to minimize the
spread of contagious illnesses to other students or staff. I also agree not to send my child to school
without a doctor's excuse if symptoms of sickness are present or if he/she has been ill in the past 24
hours. Failure to adhere to these policies may result in my child being permanently dismissed from
camp.

Parent Signature: _____ Date: _____

PARENTAL AGREEMENTS WITH WESLEY ACADEMY

Please take the time to review the Family Handbook on our website www.wesleyacademyssi.org and
contact us with any questions you may have.

I, _____, have read the Family Handbook and agree to
abide by the policies and procedures for Wesley Academy of Early Learning.

Signed: _____
Date: _____

I understand that if I choose to withdraw my child from summer camp I must provide written notice 2
weeks prior to the withdrawal date. Failure to do so will result in a penalty of \$100.
_____ (initial)

I understand that the \$50 registration fee is nonrefundable and that turning in the packet doesn't
guarantee that my child will be placed in a classroom.
_____ (initial)

Child's Name: _____

Date of Birth: ____/____/____

Parent Name (printed): _____

Authorization to Dispense External Preparations

590-1-1-.20(1)

Parental Authorization. Except for first aid, personnel shall not dispense prescription or non-prescription medications to a child without specific written authorization from the child's physician or parent. Such authorization will include, when applicable, date; full name of the child; name of the medication; prescription number, if any; dosage; the dates to be given; the time of day to be dispensed; and signature of parent.

I give Wesley Academy of Early Learning Staff, permission to apply one or more of the following topical ointments/preparations to my child in accordance with the directions on the label of the container.

____ Baby Wipes

____ Band-aids

____ Neosporin or similar ointment

____ Bactine or similar first aid spray

____ Sunscreen

____ Insect Repellent

____ Non-Prescription ointment (such as A & D, Desitin, Vaseline)

____ Baby Powder

Other (please specify) _____

Parent/Guardian Signature

Date

*center should maintain in child's file