

ANNOUNCING WEE DISCIPLES' ALL DAY SUMMER CAMP!!

CAMP WEE C.A.R.E.

Christianity, Arts, & Recreation for Every Child

Wee Disciples' Christian Academy
Rock Spring Church
114 Poor Farm Road, Suite 101
Kearneysville, WV 25430
304-707-6812 or email Office@WeeDisciples.com

Send your child to CAMP WEE C.A.R.E. with experienced, caring staff that is dedicated to leading your child in an exciting week of fun-filled activities. Our camps will include fitness, arts & crafts, swimming twice a week, various field trips, as well as a lot of fun and a little relaxation. We have partnered with Anthony's Pizza who will be bringing lunch for the children at a cost of \$3.00 per day or your child may pack his/her lunch.

***WEEKS:** June 13th, 2011 through August 12th, 2011
(*Closed July 4th – July 8th*)

TIME: 8:30 am to 4:00 pm

WHO: Children age 3 through 5th grade

WHERE: Wee Disciples' Christian Academy at Rock Spring

COST: \$100.00 per week

This price includes transportation and field trips.

Register by June 6th for all 8 weeks and receive 10% off total!

OTHER: Before and After Care offered at an additional charge.
Minimum of five (5) children to offer this program.

***A minimum of six (6) children needed per camp (week).
Limited number of spaces available. ****

For additional information visit www.WeDisciples.com or call 304-707-6812.

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304-707-6812
www.WeDisciples.com

Paid: _____
Amt: _____
Check #: _____

REGISTRATION FORM - 2011/2012

Full Name of Child: _____ M _____ F _____

Name Child is Called: _____ Birth Date ____/____/____

Full Name of Father: _____

Home Address: _____
(Street or P.O. Box) (City/State) (Zip)

Work Address: _____
(Street or P.O. Box) (City/State) (Zip)

Home Phone Number: _____

Work Phone Number: _____

Full Name of Mother _____

Home Address: _____
(Street or P.O. Box) (City/State) (Zip)

Work Address: _____
(Street or P.O. Box) (City/State) (Zip)

Work Phone Number: _____

Legal Guardian (if applicable): _____

Please supply legal verification when one parent is the sole legal guardian of a child.

If you have a sibling attending camp the same week, please supply the name and age. _____

E-mail Address: _____

Will you need Before and After Camp Care: _____ Yes _____ No

Names and telephone numbers of persons to whom we may release your child:

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

I give permission for the persons listed above to pick my child up from Wee Disciples.

(Parent Signature)

1. Does your child have any dietary restrictions or any allergies? _____ If yes, explain _____

2. Does your child have any condition(s) requiring medication? _____ If yes, explain _____

3. Does your child have any characteristics or personality factors that may influence his/her behavior and well being at Wee Disciples? _____

4. Please specify any special family considerations that are relevant to his/her care at Wee Disciples? _

5. Is there anything else we should know about your child and/or any activity restrictions? If yes, explain _____

LUNCH

Lunch will be provided by Anthony's at a cost of \$3.00 per day for those wishing to order. The menu for each week is listed below. Lunch order forms will be provided and need to be turned in each Monday with proper payment. Your child may also pack a lunch.

- Monday:** Cheese pizza, diced peaches, and carrots with low fat ranch dip.
Tuesday: White meat chicken nuggets, fries, diced pears, yogurt.
Wednesday: Spaghetti with meat sauce, salad with low fat ranch or Italian dressing, applesauce.
Thursday: Cheese pizza, diced peaches, and carrots with low fat ranch dip.
Friday: Turkey wrap with cheese, applesauce, low fat fruit yogurt.

PERMISSION FOR ADVERTISEMENT

Please check the box if you are opposed to Wee Disciples using your child's picture, name or video for advertisement purposes, newspaper articles, and/or presentations about or relating to Wee Disciples' Christian Academy except when disclosing information to the Secretary or his or her designee.

I do not want my child's picture or name to be used for advertisement, articles, or presentations.

PERMISSION TO LEAVE PREMISES

I am willing for staff members at Wee Disciples to take _____
 (Child's Name) on planned excursions with the understanding that all possible precautions are taken to insure the health and safety of my child.

Parent/Guardian: _____ Date: _____

EMERGENCY TREATMENT - SUMMER CAMP

(Child's Name)

Daytime Emergency Contact Telephone Numbers for Parent/Guardian:

Please list parent/guardian telephone numbers below in the event that we need that we need to contact you.

1st Name: _____ #: _____ Cell Work Home
2nd Name: _____ #: _____ Cell Work Home
3rd Name: _____ #: _____ Cell Work Home
4th Name: _____ #: _____ Cell Work Home

In the event of an illness or accident that requires immediate medical treatment at a time when a Parent or Guardian cannot be located, I give permission for the Program Director or other Program Personnel designated by the Director to authorize such treatment. I will not hold the Center or Medical Personnel responsible and understand as a parent, I am responsible for any medical expenses incurred. This is done with the understanding that every attempt will have been made to contact the Parent/Guardian, the child's physician, and other persons listed for emergency contact.

Daytime Emergency Contact Telephone Information for Persons Other Than the Parent/Guardian:

Please indicate below the telephone numbers that we should call in the event that we cannot reach the parent/guardian.

Name _____ Address _____ Phone # _____
Name _____ Address _____ Phone # _____

Physician Information:

Physician: _____ Telephone Number: _____

Physician Address: _____

Emergency Facility you Prefer: _____

In the event Wee Disciples' Christian Academy cannot reach you or your health care provider, or when transporting your ill or injured child to your preferred hospital could result in a serious delay in obtaining medical attention, your child will be taken to the nearest hospital, Jefferson Hospital, 300 Preston Street, Ranson, WV 25438, 304-728-1600.

Medical Insurance Provider: _____ Phone Number: _____

ID Number: _____ Group Number: _____

Parent/Guardian: _____ **Date:** _____

(Must be an original signature.)

OBJECTION TO MEDICAL TREATMENT

If for any reason a parent/guardian objects to Wee Disciples' Christian Academy administering medical treatment when needed for their child, a signed statement detailing the objection must be on file at Wee Disciples' Christian Academy. Please keep in mind this statement must include parent instructions as well as contact information to ensure someone would be available at all times to come to the center for your child.

First Aid kits are located in each class, the office and the vehicle transporting children. Attendance sheets and Emergency forms are in each class and are carried during a medical/non medical emergency. Emergency forms are also kept in the office. Building Owner: Rock Spring Church 304-724-1942.

WEE C.A.R.E. CAMP PROGRAMS AVAILABLE

JUNE		
Weeks	Yes	No
June 13 - June 17		
June 20 - June 24		
June 27 - July 1		
All 3 Weeks		
JULY		
July 11 - July 15		
July 18 - July 22		
July 25 - July 29		
All 3 Weeks		
AUGUST		
August 1 - August 5		
August 8 - August 12		
All 2 Weeks		

PAYMENT

1. The first week of camp must be paid in full by June 6, 2011.
2. Camp must be paid the Friday prior to the week attending.
3. Multi-child discount is 10% per week. (This does not apply to lunch.)

Payment Options Available:

Weekly: _____ Monthly: _____ Entire Summer: _____

TO BE FILLED IN BY WEE DISCIPLES

of Weeks Attending: _____ Multi-Child Discount: _____

Amt Paid: _____ Date Paid: _____ Check #: _____