

**Half Day**

**WEE C.A.R.E.  
Summer Camps**

**Wee Disciples' Preschool**



Join us for one or all six fun-filled weeks at our thematic camps featuring crafts, music, recreation, snacks, exciting visitors, and Bible stories.

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**June 20 - June 24**

*Surfs Up...Boogie with the Bible*

**June 27 - July 1**

*Outdoor Adventures*

**July 11 - July 15**

*Kooking with Kids*

**July 18 - July 22**

*Community Helpers*

**July 25 - July 29**

*Around the World*

**August 1 - August 5**

*Sensational Senses*

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**WHERE:** Wee Disciples' Christian Academy  
Rock Spring Church

**TIME:** 9:00 a.m. - 12:00 a.m.

**PRICE:** \$ 60.00

**AGES:** 3 and potty trained to entering Kindergarten 2011

We will accept 15 children per camp.

**Please see the office for registration forms.**



**SUMMER**



## WEE C.A.R.E. HALF DAY CAMP PROGRAMS AVAILABLE

<b>JUNE</b>		
<b>Weeks</b>	<b>Yes</b>	<b>No</b>
June 20 - June 24 <i>Surfs Up...Boogie with the Bible</i>		
June 27 - July 1 <i>Outdoor Adventures</i>		
<b>JULY</b>		
July 11 - July 15 <i>Kooking with Kids</i>		
July 18 - July 22 <i>Community Helpers</i>		
July 25 - July 29 <i>Around the World</i>		
<b>AUGUST</b>		
August 1 - August 5 <i>Sensational Senses</i>		

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### PAYMENT

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1. Camp must be paid the Friday prior to the week attending.
2. Multi-child discount is 10% per week.

#### TO BE FILLED IN BY WEE DISCIPLES

Amt Paid: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Check #: \_\_\_\_\_



**Wee Disciples' Christian Academy**  
114 Poor Farm Road, Suite 101  
Kearneysville, WV 25430  
304-707-6812  
[www.WeDisciples.com](http://www.WeDisciples.com)

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**REGISTRATION FORM – 2011/2012 – Half Day Summer Camp**

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**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.

**E-mail Address:** \_\_\_\_\_

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

Name \_\_\_\_\_ Phone \_\_\_\_\_

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 \_\_\_\_\_

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### PERMISSION FOR ADVERTISEMENT

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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.

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

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### PERMISSION TO LEAVE PREMISES

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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.

I do not want my child to be taken on any planned excursions by Wee Disciples' staff.

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

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## EMERGENCY TREATMENT – HALF DAY SUMMER CAMP

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\_\_\_\_\_  
(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.

1<sup>st</sup> Name: \_\_\_\_\_ #: \_\_\_\_\_ Cell Work Home  
2<sup>nd</sup> Name: \_\_\_\_\_ #: \_\_\_\_\_ Cell Work Home  
3<sup>rd</sup> Name: \_\_\_\_\_ #: \_\_\_\_\_ Cell Work Home  
4<sup>th</sup> 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.)

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### **OBJECTION TO MEDICAL TREATMENT**

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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.