



*Got Camp?*

*Remember those days of Summer Camp as a child? Fun filled days with friends, swimming, crafts, food, games, field trips. We will be creating an atmosphere for kids to have fun, relax and learn how to “love one another” as God has loved us. John 13:34*

Director: Amy Scott

Teachers: Sabrina Forney & Eryne Kenney

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1937 Lakeville Rd.

Apopka, FL 32703

DCF License # C09OR0645

**Westside Community Church Summer Camp Enrollment Form 2010**

Date \_\_\_\_\_

Student Name \_\_\_\_\_  
Last First Middle Initial

Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender M F Preferred name \_\_\_\_\_

Street Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Day time phone: \_\_\_\_\_

**Guardian Information:**

Dad's name: \_\_\_\_\_

Employer: \_\_\_\_\_

Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Mom's name: \_\_\_\_\_

Employer: \_\_\_\_\_

Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Medical Information and Release: I hereby grant permission for the staff of Westside CC Summer Camp to contact the following medical personnel to obtain emergency care if warranted.

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital preference: \_\_\_\_\_

Please list all food allergies, medical allergies, special medical needs or conditions:

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What school does your child attend? \_\_\_\_\_

Do you have current physical and shot records on file there? Anyone under the age of 5 will be required to have a physical and current shot record on file at WCC Summer Camp. (blue and yellow forms from your doctor) \_\_\_\_\_

## Westside Community Church Summer Camp Enrollment Agreement

Acceptance of this enrollment agreement, along with the non-refundable registration must be paid at the time of registration to assure your child a spot in the Summer Camp.

WCC expects all families to honor their enrollment agreement for the entire term, throughout the Summer. Emergencies that require a student to withdraw will be dealt with it on a case by case basis.

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Late fees in the amount of \$10.00 are assessed on Tuesdays for any balance on your account. Continued late payments can result with loss of space at WCC Summer Camp.

\_\_\_\_\_  
Signature Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature Parent/Guardian

\_\_\_\_\_  
Date

### Tuition

Supply Fee for those attending all 10 weeks: \$35.00/\$50.00 (two children)

New Price Weekly rate: \$75.00/\$150.00 (two children) 7:30-6pm

**New Program** for 5 hours per day weekly rate is **\$50 per week**. Sorry no discount for siblings on the 5 hour per day program. Supply fee for 5 hour program for those attending all 10 weeks is same as above.

We are open from June 14<sup>th</sup> - August 20<sup>th</sup>, 7:30 to 6:00. (hours subject to change)

- Tuition is due in full every Monday for that week.
- There will be a \$10.00 late fee if tuition is not received by Tuesday of every week. Your child will not be able to return to camp until all payments are made.
- Late pick up fee charges: There will be a late pick up fee of \$1.00 per minute if you are late picking your child up. Remember we close at 6:00pm
- Returned check fee: There will be a \$25.00 charge for all returned checks. Cash or money order will be required for repeat offenders.
- Refunds: There is a no refund policy for tuition and supply fee.

**Westside Community Church Summer Camp Emergency Treatment Form**  
**-This form needs to be signed in the presence of a notary (which we can provide if necessary)**

Student's name \_\_\_\_\_ Birth date \_\_\_\_\_  
Guardian's Name \_\_\_\_\_  
Home/work/mobile phone numbers \_\_\_\_\_  
\_\_\_\_\_

As the parent or guardian, I am aware of the involvement and participation of this minor in the activities and excursions of WCC Summer Camp. I authorize the staff and adult chaperones of WCC Summer Camp to exercise temporary custody and care of my child for Summer Camp related events.

In the event of illness or accident which requires immediate treatment at a time when the parent, the child's physician, or other emergency contacts cannot be located, I hereby give permission for the staff of Westside Community Church Summer camp to obtain and provide such emergency treatment as may be deemed necessary.

I AGREE to pay costs of any such care and treatment so obtained and provided and will not hold WCC or the Summer camp liable for such costs.

I WILL NOT hold the church, the Summer camp, or the staff responsible for the results of such emergency care.

I UNDERSTAND that this permission is only to be used in extreme emergencies and that all possible efforts will be made to contact me before medical treatment is sought for my child.

I UNDERSTAND that it is solely my responsibility to provide updated medical forms. I also understand that these forms will be held on file and used for all events in which my child participates.

\_\_\_\_\_  
Signature Parent/Guardian

\_\_\_\_\_  
Date

State of Florida, Orange County, before the undersigned authority, stated below personally appeared \_\_\_\_\_ who has signed and agrees to the terms set forth in the above agreement.

Sworn and subscribed before me this

\_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
(signature of notary)

I give permission for my child \_\_\_\_\_ to go on all fieldtrips with the WCC Summer Camp. I understand they will be riding in private automobiles provided by the chaperones of WCC.

Medical Information Release:

I hereby grant permission for the staff of WCC Summer Camp to contact the following medical personnel to obtain emergency care if warranted.

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital Preference \_\_\_\_\_

Please list any food allergies, medical allergies, special needs or conditions: \_\_\_\_\_

\_\_\_\_\_

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My emergency contact information:

Dad work: \_\_\_\_\_ Dad cell: \_\_\_\_\_

Mom work: \_\_\_\_\_ Mom cell: \_\_\_\_\_

\_\_\_\_\_  
Signature Parent/Guardian

\_\_\_\_\_  
Date

State of Florida, Orange County, before the undersigned authority, state below personally appeared \_\_\_\_\_ who has signed and agrees to the terms set forth in the above agreement.

Sworn and subscribed before me this  
\_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
(signature of notary)

General Information:

**Please check the weeks that your child will be attending:**

Week of June 14<sup>th</sup>: \_\_\_\_\_ Fruit of the Spirit/ Blueberry picking Clermont

Week of June 21<sup>st</sup>: \_\_\_\_\_ Beach Blast Field Trip/ Fishing cost \$0

Week of Jun 28<sup>th</sup>: \_\_\_\_\_ Old Testament Kings/library SRP

Week of July 5<sup>th</sup>: \_\_\_\_\_ Rome Underground Adventure/  
Children's Museum Lakeland Field Trip cost \$3

Week of July 12<sup>th</sup>: \_\_\_\_\_ Heroes of the Bible/ Field Trip Bowling \$8

Week of July 19<sup>th</sup>: \_\_\_\_\_ Jonah/ Field Trip Lake Tibet Butler/  
Joy to the fishes cost \$2

Week of July 26<sup>th</sup>: \_\_\_\_\_ The Lord's Prayer Safari / Zoo \$10 ?

Week of August 2<sup>nd</sup>: \_\_\_\_\_ Farm Fun/FT to the Farm \$5

Week of August 9<sup>th</sup>: \_\_\_\_\_ God's All Star Champions/ Rebounderz \$8

Week of August 16<sup>th</sup>: \_\_\_\_\_ Fun Times/ Field Trip Movies cost \$1.25

**Please sign the forms below:**

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## Pool Permission Form

I \_\_\_\_\_ give my child

\_\_\_\_\_ permission to go to the pool located at the Westside Community Church property @ 1937 Lakeville Rd Apopka, FL 32703

I understand there will be a Life Guard on duty at all times when the Summer Camp children are present.

I understand that I need to apply sunscreen on my child before they come to camp every day. \_\_\_\_\_

\_\_\_\_\_ My child is an avid swimmer.

\_\_\_\_\_ My child is not a swimmer.

\_\_\_\_\_ My child is a beginner swimmer.

\_\_\_\_\_ My child needs swimming lessons

## Movie Permission Form

I \_\_\_\_\_ give my child

\_\_\_\_\_ permission to go to the movies. I understand that

there may be a G or PG movie being viewed.

## Summer Reading Program (SRP)

I give my permission for my child \_\_\_\_\_ to attend all the Summer Programs listed below at the North Branch Public Library. All programs are Thursdays from 11-11:30 am

June 17 Mr. Tim the Magician  
June 24 Save the Manatee Club  
July 1 Marina the Mermaid  
July 8 "Gatorland" Wrangler on the Way  
July 15 Ronald McDonald  
July 22 Under the Sea  
July 29 Talako Indians  
August 12 Summer Leftovers  
August 19 Crazy for Crayola

\_\_\_\_\_ I understand that all Field Trips will be transported by personal staff and volunteers of Westside Community Church. I understand that all people will be screened and background checked and all safety precautions required by DCF pertaining to checking in and out will be observed.