

Camp Win-Some 2010 - Registration Form

PLEASE PRINT/COMPLETE ALL INFORMATION:

Camper Name: First _____ Last _____

Current WCS Student: Y N Grade (entering Fall '10) _____ Birth Date _____ Gender _____ T-Shirt Youth (10-12) Adult SM or LG

Address _____ City _____ State _____ Zip _____ Phone _____

Custodial Mother/Guardian _____ Work # _____ Cell # _____ Email _____

Custodial Father/Guardian _____ Work # _____ Cell # _____ Email _____

Custodial Parent/Guardian Signature (person responsible for payment) _____ Date _____

Please Note: Campers will be photographed

Camp Fees:

Registration \$50.00 per camper (*non-refundable; not applicable to camp weekly fees*)

Camp Week \$185.00 per week, per camper, 5 days (8:30 am-4:00 pm)

\$135.00 per week, per camper, 3 days (8:30 am-4:00 pm)

\$ 90.00 per week, per camper, 2 days (8:30 am-4:00 pm)

Each camper requires a \$30.00 per week, non-refundable deposit due at registration

Before/After Care \$10.00 per week, AM Care (7:30 - 8:30 am) (1 - 5 days)

\$50.00 per week, PM Care (4:00 - 5:30 pm) (1 - 5 days)

Late Pick-up \$1.00 per minute/child charge assessed for every minute *after* 5:30 pm

Payment Terms: Camp Weeks must be paid the Friday prior to the week.

Payment Methods: Check, Credit Cards (must be in person @ the Business Office), Automatic Payments from your account (weekly on Wednesday)

Please make all checks payable to ***Wilmington Christian School*** and note the applicable week on the memo line.

While fees and deposits are non-refundable, camp week fees may be transferred to an alternate date if a schedule change is needed and space is available.

Please contact the Business Office, 302-239-2121, extension 3105 (not the Camp Director) for any questions/changes to your scheduled weeks.

Register below by checking (✓) only the weeks your camper will be attending:

	Week 1 (6/14-6/18)	Week 2 (6/21-6/25)	Week 3 (6/28-7/2)	Week 4 (7/5-7/9)	Week 5 (7/12-7/16)	Week 6 (7/19-7/23)	Week 7 (7/26-7/30)	Week 8 (8/2-8/6)
Circle # of Days	2 3 5	2 3 5	2 3 5	2 3 5	2 3 5	2 3 5	2 3 5	2 3 5
Camp								
AM Care								
PM Care								

Total Amount Due with Registration Form

of weeks X \$30.00 = \$ _____

Registration Fee = + 50.00

Total Due with form \$ _____

Registration forms will not be accepted without payment of registration fee and weekly camp deposits.

Confirmation of weeks attending and balance due will be forwarded to you.

Camp Permission Form

	✓ Camp Weeks/Dates	Destinations	Times
	✓ Please check the following week(s) your child will be attending Camp Win-Some:		
	*If your camper is attending part time, please circle the days attending. Full time campers need only to ✓ the week attending.		
___	Week #1 Monday, June 14 Tuesday, June 15 Wednesday, June 16 Thursday, June 17 Friday, June 18	Swimming at St. Anthony in the Hills Bowling at Price Lanes Philadelphia Zoo Swimming at St. Anthony in the Hills Skating at Adrenaline Skating	12:00 – 3:30 12:30 – 3:30 8:30 – 4:00 12:00 – 3:30 12:30 – 3:30
___	Week #2 Monday, June 21 Tuesday, June 22 Wednesday, June 23 Thursday, June 24 Friday, June 25	Swimming at St. Anthony in the Hills Bowling at Price Lanes Dutch Wonderland Swimming at St. Anthony in the Hills Skating at Adrenaline Skating	12:00 – 3:30 12:30 – 3:30 8:30 – 4:00 12:00 – 3:30 12:30 – 3:30
___	Week #3 Monday, June 28 Tuesday, June 29 Wednesday, June 30 Thursday, July 1 Friday, July 2	Swimming at St. Anthony in the Hills Bowling at Price Lanes Sahara Sam's Oasis Water Park Swimming at St. Anthony in the Hills Skating at Adrenaline Skating	12:00 – 3:30 12:30 – 3:30 8:30 – 4:00 12:00 – 3:30 12:30 – 3:30
___	Week #4 Monday, July 5 Tuesday, July 6 Wednesday, July 7 Thursday, July 8 Friday, July 9	Swimming at St. Anthony in the Hills Bowling at Price Lanes Campus Carnival Swimming at St. Anthony in the Hills Skating at Adrenaline Skating	12:00 - 3:30 12:30 - 3:30 8:30 – 4:00 12:00 – 3:30 12:30 – 3:30
___	Week #5 Monday, July 12 Tuesday, July 13 Wednesday, July 14 Thursday, July 15 Friday, July 16	Swimming at St. Anthony in the Hills Bowling at Price Lanes Brandywine Picnic Park Swimming at St. Anthony in the Hills Skating at Adrenaline Skating	12:00 – 3:30 12:30 – 3:30 8:30 – 4:00 12:00 – 3:30 12:30 – 3:30
___	Week #6 Monday, July 19 Tuesday, July 20 Wednesday, July 21 Thursday, July 22 Friday, July 23	Swimming at St. Anthony in the Hills Bowling at Price Lanes Elk Neck State Park Swimming at St. Anthony in the Hills Skating at Adrenaline Skating	12:00 – 3:30 12:30 – 3:30 8:30 – 4:00 12:00 – 3:30 12:30 – 3:30
___	Week #7 Monday, July 26 Tuesday, July 27 Wednesday, July 28 Thursday, July 29 Friday, July 30	Swimming at St. Anthony in the Hills Bowling at Price Lanes Cherry Crest Adventure Farm Swimming at St. Anthony in the Hills Skating at Adrenaline Skating	12:00 – 3:30 12:30 – 3:30 8:30 – 4:00 12:00 – 3:30 12:30 – 3:30
___	Week #8 Monday, August 2 Tuesday, August 3 Wednesday, August 4 Thursday, August 5 Friday, August 6	Swimming at St. Anthony in the Hills Bowling at Price Lanes Adventure Aquarium Swimming at St. Anthony in the Hills Skating at Adrenaline Skating	12:00 – 3:30 12:30 – 3:30 8:30 – 4:00 12:00 – 3:30 12:30 – 3:30

General Guidelines

- Depending on unexpected circumstances (i.e., weather), field trips may be cancelled or changed at the discretion of the Director.
- No camper will be allowed to remain on campus during scheduled trips.

_____ has my permission to participate in the activities for Camp Win-Some.
Child's Name

Parent/Guardian Signature

Date

Camp Win-Some Emergency Medical Form

Business Use Only
 Allergies
 Medication

PLEASE PRINT! Please use one form per child; original signature **must** be on each form.
The information provided on this form will be on file with the director/assistant director and the individual counselors.
Please list any food allergies.

Student Name _____ Age _____ Grade (Sept. 2010) _____

Address: _____

Mother/ Guardian _____ Employer _____

Work # (_____) _____ Cell # _____

Father/Guardian _____ Employer _____

Work # (_____) _____ Other//Cell # _____

Emergency Contacts (PLEASE NOTE: Emergency contacts and phone numbers MUST be different than parents/guardians names and phone numbers, and should be local.) If Parents/Guardians cannot be reached, please call one of the following people:

Emergency Contact #1: _____ Relationship _____

Address: _____ Phone number (_____) _____

Emergency Contact #2: _____ Relationship _____

Address: _____ Phone number (_____) _____

Medical History**

I give Camp Win-Some permission to dispense *Tylenol*, per label instructions, as well as these over-the-counter drugs to my child: *Sucrets* or *Halls* cough drops for coughs, *Sting Kill* for bee stings, *Benadryl* for allergic reactions, *Noxzema* and *sun block*, *Calamine lotion* for poison ivy or oak, *Bactine* for scrapes, and *Hydrogen Peroxide* as a cleaning agent, use of *Neosporin* / **Band-Aid**.

YES _____ NO _____

Immunizations: (Please specify dates)

DPT. Dates #1 _____ #2 _____ #3 _____ #4 _____ #5 _____

OPV: #1 _____ #2 _____ #3 _____ #4 _____

MMR: #1 _____ #2 _____

Please list any chronic health problems and/or allergies that we should be aware of _____

Has the physician ever recommended, or do you feel that there should be limits placed on this child's participation in competitive sports? YES _____ NO _____

List any current medications, food supplements, modified diets or fluoride supplements currently being administered to this child:

****All medical information must be disclosed on this form. Camp Win-Some has final discretion regarding enrollment.**

Parental Consent

(PART I OR PART II MUST BE COMPLETED)

Part I

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment necessary by Dr. _____ (preferred physician) at (phone number) _____ or Dr. _____ (preferred dentist) at (phone number) _____, or in the event the designated preferred physician or dentist is unavailable, by another physician or dentist, and (2) transfer the child to _____ (preferred hospital) or any hospital reasonably accessed.

Signature of Parent/Guardian _____ Date _____

Part II

I do not give my permission for emergency medical treatment for my child. In the event of illness or injury I wish the camp authorities to take no action or to: _____

Signature of Parent/Guardian _____ Date _____

Camp Win-Some Prescription Medication Consent Form

The Director/Assistant Director at Camp Win-Some has my permission to administer the prescribed medication to

_____ for the purpose of treating _____, and I give my permission for the Director/Assistant Director to contact the physician/dentist, if necessary. **IF MEDICATION IS NOT PROPERLY LABELED, IT WILL NOT BE GIVEN.** According to the "Nurse Practice Act" all medication must be brought to camp in the original container with the appropriate label intact. A prescription label must contain the following information: *(Please fill in the information below.)*

Name of child: _____

Name of medication: _____

Dosage: _____ Time(s) to be given: _____

Physician's Name: _____

Physician's Address: _____

Physician's Phone number: _____

Signature of Parent/Guardian

Date

List possible side effects of medication (if any): _____

List all known allergies to medication(s): _____

NOTE:

Parents are advised to give medication at home and on a schedule other than during camp hours, if possible. If it is necessary for medication to be given during camp hours, the following regulations **MUST** be followed:

- Medication must be brought to camp in the original container with appropriate label intact. **MEDICATION NOT PROPERLY LABELED WILL NOT BE ADMINISTERED.**
- **MEDICATION MUST BE GIVEN TO DIRECTOR/ASSISTANT DIRECTOR UPON ARRIVAL TO CAMP.**
- Parent/Guardian must sign this form, granting Director/Assistant Director permission to administer medication, according to all regulations set herein.