

# Camp Win-Some 2011 – Registration Form

PLEASE PRINT/COMPLETE ALL INFORMATION: Camper Name: First \_\_\_\_\_ Last: \_\_\_\_\_

Current WCS Student: Y N Grade (entering Fall '11) \_\_\_\_\_ Birth Date: \_\_\_\_\_ Gender: M F T-Shirt Size: Youth (10-12) Adult SM Adult 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)

\$30.00 per camper, per week (non-refundable deposit)

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)\*

\* You may drop off as early as 7:30 am

After Care \$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 of attendance.

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 on a case by case basis.*

**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 circling the number of days (5 days is a full camp week) your child will be attending camp during the appropriate week. If your child will not be attending camp during certain week(s) leave that block blank:

	Week 1 6/13-6/17	Week 2 6/20-6/24	Week 3 6/27-7/1	Week 4 7/5-7/8	Week 5 7/11-7/15	Week 6 7/18-7/22	Week 7 7/25-7/29	Week 8 8/1-8/5
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
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.**

# 2011 Camp Win-Some Permission Form

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.

<input checked="" type="checkbox"/>	Camp Weeks/Dates	Destinations	Times
___ <b>Week #1</b>	Monday, June 13 Tuesday, June 14 Wednesday, June 15 Thursday, June 16 Friday, June 17	Swimming at St. Anthony in the Hills Bowling at Price Lanes <b>Elk Neck State Park</b> Swimming at St. Anthony in the Hills Roller Skating	12:00 – 3:30 12:30 – 3:30 8:30 – 4:00 12:00 – 3:30 12:30 – 3:30
___ <b>Week #2</b>	Monday, June 20 Tuesday, June 21 Wednesday, June 22 Thursday, June 23 Friday, June 24	Swimming at St. Anthony in the Hills Bowling at Price Lanes <b>Dutch Wonderland</b> Swimming at St. Anthony in the Hills Roller Skating	12:00 – 3:30 12:30 – 3:30 8:30 – 4:00 12:00 – 3:30 12:30 – 3:30
___ <b>Week #3</b>	Monday, June 27 Tuesday, June 28 Wednesday, June 29 Thursday, June 30 Friday, July 1	Swimming at St. Anthony in the Hills Bowling at Price Lanes <b>Philadelphia Zoo</b> Swimming at St. Anthony in the Hills Roller Skating	12:00 – 3:30 12:30 – 3:30 8:30 – 4:00 12:00 – 3:30 12:30 – 3:30
___ <b>Week #4</b>	Tuesday, July 5 Wednesday, July 6 Thursday, July 7 Friday, July 8	Bowling at Price Lanes <b>Campus Carnival</b> <b>Campus Carnival/</b> Swimming at St. Anthony in the Hills Roller Skating	12:30 – 3:30 8:30 – 4:00 8:30 – 11:00 12:00 – 3:30 12:30 – 3:30
___ <b>Week #5</b>	Monday, July 11 Tuesday, July 12 Wednesday, July 13 Thursday, July 14 Friday, July 15	Swimming at St. Anthony in the Hills Bowling at Price Lanes <b>Brandywine Picnic Park</b> Swimming at St. Anthony in the Hills Roller Skating	12:00 – 3:30 12:30 – 3:30 8:30 – 4:00 12:00 – 3:30 12:30 – 3:30
___ <b>Week #6</b>	Monday, July 18 Tuesday, July 19 Wednesday, July 20 Thursday, July 21 Friday, July 22	Swimming at St. Anthony in the Hills Bowling at Price Lanes <b>Sahara Sam's Oasis Water Park</b> Swimming at St. Anthony in the Hills Roller Skating	12:00 – 3:30 12:30 – 3:30 8:30 – 4:00 12:00 – 3:30 12:30 – 3:30
___ <b>Week #7</b>	Monday, July 25 Tuesday, July 26 Wednesday, July 27 Thursday, July 28 Friday, July 29	Swimming at St. Anthony in the Hills Bowling at Price Lanes <b>Cherry Crest Adventure Farm</b> Swimming at St. Anthony in the Hills Roller Skating	12:00 – 3:30 12:30 – 3:30 8:30 – 4:00 12:00 – 3:30 12:30 – 3:30
___ <b>Week #8</b>	Monday, August 1 Tuesday, August 2 Wednesday, August 3 Thursday, August 4 Friday, August 5	Swimming at St. Anthony in the Hills Bowling at Price Lanes <b>Adventure Aquarium</b> Swimming at St. Anthony in the Hills Roller 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 2011 Emergency Medical Form

**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.**

**Camp office use only:**

<input type="checkbox"/>	Allergies
<input type="checkbox"/>	Medication
<input type="checkbox"/>	Medical Alerts

Student Name \_\_\_\_\_ Age \_\_\_\_\_ Grade (Sept. 2011) \_\_\_\_\_

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

Mother/ Guardian \_\_\_\_\_ Employer \_\_\_\_\_

Work # (\_\_\_\_\_) \_\_\_\_\_ Cell # (\_\_\_\_\_) \_\_\_\_\_

Father/Guardian \_\_\_\_\_ Employer \_\_\_\_\_

Work # (\_\_\_\_\_) \_\_\_\_\_ 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 acetaminophen, per label instructions, as well as these over-the-counter drugs to my child: lozenges or cough drops for coughs, numbing medication for bee stings/cuts and scrapes, antihistamine for allergic reactions, lotion and sun block, Calamine lotion for poison ivy or oak, antibiotic lotion for scrapes, and Hydrogen Peroxide as a cleaning agent. **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

Immunizations: (Please specify dates)

DPT. Dates #1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_ #4 \_\_\_\_\_ #5 \_\_\_\_\_

OPV: #1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_ #4 \_\_\_\_\_

MMR: #1 \_\_\_\_\_ #2 \_\_\_\_\_ TB Assessment \_\_\_\_\_

HEP B #1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_

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 2011 Prescription Medication Consent Form

The Director/Assistant Director at Camp Win-Some has my permission to assist with administration of 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 Delaware Law 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: \_\_\_\_\_

List possible side effects of medication (if any): \_\_\_\_\_

\_\_\_\_\_

List all known allergies to medication(s): \_\_\_\_\_

\_\_\_\_\_

Signature of Parent/Guardian

\_\_\_\_\_

Date

\_\_\_\_\_

## 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, to granting Director/Assistant Director permission to assist with administration of prescribed medication, according to all regulations set herein.