



# Summer Adventure Registration

**Session 1:** June 2<sup>nd</sup> – June 30<sup>th</sup>    **Session 2:** July 6<sup>th</sup> – July 30<sup>th</sup>  
\*Closed July 1st through July 5th

## CAMPER INFORMATION:

Camper's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade Entering: \_\_\_\_\_ Age as of 5/1/21: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

For staffing purposes, please provide your approximate drop off and pick up times: \_\_\_\_\_

T-shirt size: YXS YS YM YL YXL S M L

## FAMILY INFORMATION:

Father or Legal Guardian: \_\_\_\_\_ Mother or Legal Guardian: \_\_\_\_\_

Address:  same as camper's \_\_\_\_\_ Address:  same as camper's \_\_\_\_\_

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

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Work Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Work Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

## EMERGENCY CONTACT:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Alt. Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Alt. Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

## OFFICIAL RELEASE INFORMATION:

I authorize my child to be released to: \_\_\_\_\_

**REGISTRATION AND SESSION FEES:** *Registration will not be accepted without payment of registration fee. Credit card authorization release form is attached. Payment for each session is due before the first day of camp.*

- Registration Fee (*non-refundable*) \$150
- SESSION 1 June 2<sup>nd</sup> – June 30<sup>th</sup> \_\_\_\_\_ days per week = \$ \_\_\_\_\_
- SESSION 2 July 6<sup>th</sup> – July 30<sup>th</sup> \_\_\_\_\_ days per week = \$ \_\_\_\_\_
- WEEKLY RATE \_\_\_\_\_ weeks x \$200 per week = \$ \_\_\_\_\_  
= \$ \_\_\_\_\_

## PRICE PER SESSION

5 days per week: (M-F)	\$700
4 days per week: <input type="checkbox"/> (M-Th.) or <input type="checkbox"/> (T – Fri.)	\$600
3 days per week: (M/W/F only)	\$460

## PRICE PER WEEK available for 2<sup>nd</sup> – 6<sup>th</sup> Grade campers

<input type="checkbox"/> June 2 <sup>nd</sup> – June 4 <sup>th</sup>	\$200	<input type="checkbox"/> July 6 <sup>th</sup> – July 9 <sup>th</sup>	\$200
<input type="checkbox"/> June 7 <sup>th</sup> – June 11 <sup>th</sup>	\$200	<input type="checkbox"/> July 12 <sup>th</sup> – July 16 <sup>th</sup>	\$200
<input type="checkbox"/> June 14 <sup>th</sup> – June 18 <sup>th</sup>	\$200	<input type="checkbox"/> July 19 <sup>th</sup> – July 23 <sup>rd</sup>	\$200
<input type="checkbox"/> June 21 <sup>st</sup> – June 25 <sup>th</sup>	\$200	<input type="checkbox"/> July 26 <sup>th</sup> – July 30 <sup>th</sup>	\$200

**EMERGENCY MEDICAL PERMISSION:**

I give permission for my child to receive emergency medical treatment if necessary from a WCS staff, faculty or administrator. This treatment will be administered only in the event(s) that I cannot be located within a reasonable amount of time following an accident that demands treatment.

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

**PERMISSION TO ADMINISTER IBUPROFEN, SUN BLOCK & BUG SPRAY:**

I give permission to Wichita Christian School Summer Adventure Program to administer IBUPROFEN in the following dosage and frequency: \_\_\_\_\_

I give permission to Wichita Christian School Summer Adventure Program to administer SUN BLOCK.

I give permission to Wichita Christian School Summer Adventure Program to administer BUG SPRAY.

I DO NOT GIVE PERMISSION TO WICHITA CHRISTIAN SCHOOL SUMMER ADVENTURE PROGRAM TO ADMINISTER

- IBUPROFEN
- SUN BLOCK
- BUG SPRAY

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

**STATEMENT OF HEALTH:**

*Immunization record/exemption and birth certificate must be on file before your child's first day of Summer Adventure Program.*

My child is physically and mentally able to participate in group activities. He/She is participating in an on-going health supervision program with annual evaluations and scheduled immunizations.

Please list any health related or physical problems – i.e., allergies, asthma, autism, ADD, ADHD, hearing and vision impairments that your child experiences: \_\_\_\_\_

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

**FIELD TRIP/SPECIAL ACTIVITY AUTHORIZATION:** *Children ages 3 and under or children that are not potty-trained will not take off-campus field trips.*

- I hereby grant permission for my child to use all of the play equipment and participate in all of the activities of the Summer Adventure Program.
- I hereby grant permission for my child to go on Summer Adventure Field Trips. I understand that my child may travel in a Wichita Christian School sponsored vehicle or bus driven by a staff member of Wichita Christian School's Summer Adventure Program.

For ages 4 and up:

My camper is a strong swimmer and may swim without a lifejacket after a swim check is given by the Director.

My camper may only swim WITH a lifejacket.

For ages 4 and under:

My child is completely potty-trained and can communicate his/her needs to use the restroom.

My child IS NOT completely potty-trained.

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



# Credit Card Authorization

## Release Form

I hereby authorize WICHITA CHRISTIAN SCHOOL to charge my credit card as follows:

**\$150** Summer Adventure Program deposit **(charged upon receipt of Summer Adventure Program registration.)**

\$\_\_\_\_\_ on **May 22, 2021** for payment of Session 1 Summer Adventure Program.

\$\_\_\_\_\_ on **June 25, 2021** for payment of Session 2 Summer Adventure Program.

<b><u>PRICING SCHEDULE (per session)</u></b>
<b>\$700 - 5 days per week</b>
<b>\$600 - 4 days per week</b> (circle one)
Monday thru Thursday or Tuesday thru Friday
<b>\$460 - 3 days per week</b>
Monday, Wednesday, Friday

Visa     Discover     MasterCard     American Express

Card Number: \_\_\_\_\_

CCV: \_\_\_\_\_      Expiration Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Signature: \_\_\_\_\_      Date: \_\_\_\_\_

I understand that by signing and returning this form, if the above credit card is declined, a reasonable effort will be made to contact me to provide Wichita Christian School with an alternate credit card number. If I am unable to be reached and payment is therefore not made, I understand that my child may not be able to attend Wichita Christian School's Summer Adventure Program until the balance is paid in full. Full payment for each session is expected before the session begins. Partial payments will not be accepted.

\*\*For your protection, credit card authorization release forms are kept strictly confidential.\*\*