



Dear Parents,

Now that the new year is upon us it is time to start thinking about Summer Camp! Beginning Tuesday, January 16, 2018 we will be accepting enrollments for the 2018 WISC Kids Club Preschool and Rising Kinders Summer Camps. There are a limited number of spaces available in each of these camps so I encourage you to register as soon as possible. The enrollment process will take place as follows:

**January 15-26:** Enrollment for current WISC Kids Club Preschool Members.  
Enrollment for 2017 WISC Summer Camp Members

**January 29-Ongoing:** Open enrollment for everyone.

As always, our goal is to offer a fun-filled camp program that keeps our campers involved and active on a daily basis. Our themes for summer and our field trip calendar for the Rising Kinders will be posted on the website in a few weeks and will be emailed to registered families as we get closer to the start of camp.

Here are a few guidelines to follow for successful camp registration:

- \*Turn in a fully completed registration packet with a non-refundable one week deposit per camper as soon as possible. The deposit will secure your child's spot in camp and will be applied to your last week of camp if you attend the full 11 week program.
- \*We MUST have a copy of your child's Birth Certificate on file.
- \*We MUST have a copy of your child's school entrance physical exam and up to date immunizations, signed or stamped by your doctor.
- \*The first day of camp is Monday, June 18, 2017.

Please direct all questions to me at 757-253-1947, ext. 17 or [cdibble@thewisc.com](mailto:cdibble@thewisc.com).

Thank you,

Conor Dibble  
Director  
WISC Kids Club

# Preschool Summer Camp & Rising Kinders Summer Camp 2018 Enrollment Application

## Child's Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Sex: M F Enrollment Date: \_\_\_\_\_ Start Date: \_\_\_\_\_

Current School/Center \_\_\_\_\_ Previous School/Center \_\_\_\_\_

**Full Day Enrollment Ages 3-5yrs (\$155) M-F \_\_\_\_\_ Full Day Enrollment Age 2yrs (\$165) M-F \_\_\_\_\_**

(Extended Care is included with full day enrollment)

**Part Time Enrollment Half Day 3-5yrs (\$115) \_\_\_\_\_ Part Time Enrollment Half Day 2yrs (\$125) \_\_\_\_\_**

**Part Time Enrollment 3 Full Days 3-5yrs (\$115) \_\_\_\_\_ Please Circle Part Time Days: M T W Th F**

**Part Time Enrollment 3 Full Days 2yrs (\$125) \_\_\_\_\_**

## Parent Information

Parent 1: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Work Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent 2: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Work Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Person(s) or Agency that has legal Custody of Child: \_\_\_\_\_

Phone #: \_\_\_\_\_

Has this child been removed from any previous center, school or program: Yes No

If yes, please explain: \_\_\_\_\_

Does this child currently have any siblings in the preschool or school age program at WISC? Yes No

Name: \_\_\_\_\_ Name: \_\_\_\_\_ Name: \_\_\_\_\_

**Emergency Information**

Allergies or Food Intolerance: \_\_\_\_\_

Special Needs: \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Names & Address of Two LOCAL Individuals to Contact if Parents Cannot be Reached (Please fill out in full)**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Person(s) Authorized to Pick Up Child: \_\_\_\_\_

Person(s) NOT Authorized to Pick Up Child: \_\_\_\_\_

\*Appropriate paperwork such as custody papers shall be attached if a parent is not allowed to pick up the child.

**Deposit, Early Withdrawal & Tuition Requirements**

**Deposit Requirement is one week camp tuition.** (Camp Deposit is applied toward the last week of camp)

**Deposit Payment (Please Circle):** VISA    MasterCard    Cash    Check

**Early Withdrawal:** A two week notice of withdrawal from the program will need to be submitted and will result in loss of deposit. If a two week notice is not given, a one week fee & loss of deposit will apply. \_\_\_\_\_ Initial

**Tuition:** Summer camp tuition is due weekly whether the camper attends or not. Each camper is allotted a one week vacation at no charge, provided the attached vacation request is turned in two weeks prior to the actual vacation date. The vacation week will only apply if the camper is not at camp. \_\_\_\_\_ Initial

**Agreements**

1. WISC Kids Club agrees to notify the parent/guardian whenever the child becomes ill and the parent/guardian will arrange to have the child picked up as soon as possible if so requested by the center.
2. The parent/guardian authorizes WISC Kids Club to obtain immediate medical care if any emergency occurs when the parent/guardian cannot be located immediately.
3. The parent/guardian agrees to WISC Kids Club's rules and regulations as described in the policies & guidelines.
4. The parent/guardian agrees to inform the center within 24 hours or the next business day after his/her child or any member of the immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases, which must be reported immediately.
5. The parent/guardian agrees to have the camp payment deducted weekly through auto pay. The WISC will deduct the payment from the credit/debit card listed on the attached auto pay form, or card provided thereafter, every Friday beginning the Friday before camp begins.

**Signatures**

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

**Office Use Only:** Birth Certificate \_\_\_\_\_  
Immunizations \_\_\_\_\_  
Deposit \_\_\_\_\_  
Auto pay form \_\_\_\_\_

School Entrance Health Form (Physical) \_\_\_\_\_  
Full Name/Address of Emergency Contacts \_\_\_\_\_  
Initials/Signature \_\_\_\_\_



# Preschool/Rising Kinders

## Summer Camp Blanket Permission Slip

### **Sunscreen & Insect Repellent**

I give permission for my child to wear sunscreen and/or insect repellent. The WISC staff have permission to apply the sunscreen/insect repellent I have supplied to my child. (Please clearly label your sunscreen/insect repellent with your child's name)

### **Medical**

In the event of an emergency I give permission for the WISC staff to seek appropriate medical attention.

### **Photography**

On various occasions the staff of WISC Kids Club will take photographs of the children. The photographs may be used within the center for projects, the WISC website, the WISC Facebook page, as well as in various other media publications.

\_\_\_\_ I **DO** give permission for my child to be photographed.

\_\_\_\_ I **DO NOT** give permission for my child to be photographed. (I understand that there may be certain projects/activities that my child may miss or that may be altered based on this request.)

Child's Name: \_\_\_\_\_

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

### **Field Trips for Rising Kinders**

I give permission for my child to participate in field trips through WISC. I understand I will be notified of trips ahead of time and have the option to withdraw my child from any field trip if I so desire.

Child's Name: \_\_\_\_\_

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



# Preschool/Rising Kinders

## 2018 Summer Camp

### Early Withdrawal Form

A two week notice of withdrawal will need to be submitted if you need to remove your child from the program prior to the end of the 11 week camp program. *Early withdrawal will result in the loss of the deposit submitted prior to the start of camp.* If a two week notice is not given a one week fee AND loss of deposit will apply. If you need to withdraw early, please fill out this form and hand it in at least TWO weeks prior to your child's last day.

Child's Name: \_\_\_\_\_  
Teacher Name: \_\_\_\_\_  
Last day of attendance: \_\_\_\_\_

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

Receive by: \_\_\_\_\_ Date: \_\_\_\_\_  
(WISC Representative)



# Preschool/Rising Kinders

Automatic Payment Program

Enrollment Form

2018 Summer Camp

Camper's Name: \_\_\_\_\_

**Payment Authorization:**

I agree to allow WISC Kids Club to charge the credit/debit card number listed below for my child's tuition/fees for summer camp. If at any time I wish to terminate this agreement I will notify WISC in writing or through email. I understand this information will be kept in a secure location and will be shredded upon the completion of camp.

***WISC Only Accepts VISA and MasterCard***

Please Circle:    Debit Card                      Credit Card

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

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

Three Digit Code: \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

***Tuition will be charged a week at a time as stated on the Enrollment Application and the Parent Policies and Guidelines.***

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

Office Use

Check here if updated by telephone or email \_\_\_\_\_

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



# Preschool/Rising Kinders

## 2018 Summer Camp

### Vacation Request Form

One week of vacation is allotted for campers enrolled in the full 11 week summer camp program. As a result, you will not be charged tuition for the requested vacation week. In order for the vacation week to be honored this form must be completed and turned into your child's teacher, Nichole Dean or Conor Dibble at least two weeks prior to your requested vacation (preferably as soon as possible). Also, in order for the vacation week to be honored, your child must not be at camp the week the vacation was requested.

Child's Name: \_\_\_\_\_  
Teacher Name: \_\_\_\_\_  
Vacation Week Requested: \_\_\_\_\_

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

Receive by: \_\_\_\_\_ Date: \_\_\_\_\_  
(WISC Representative)