



# 2018 School Age Summer Camp

Dear Parents,

January 2018

Open enrollment for the **2018 School Age Summer Camp** begins Monday, January 29<sup>th</sup>. Camp spaces fill quickly so register soon!

The WISC Kids Club School Age Camp is an eleven week program filled with fun, structured activities, interactive games, creative arts and crafts projects, themed weeks, and our wonderful selection of field trips several times each week!

Also included in the weekly tuition are 2 half day camps! The half day camps offered are: Flag Football, Cheer, Soccer, and Art Class.

Below are some guidelines to follow for camp registration:

- Turn in your registration form with a non-refundable one week deposit per camper. The deposit will secure enrollment in summer camp and will be applied to your last week of camp.
- The first day of camp is Monday, June 18<sup>th</sup>.
- Camp Tuition is received through our Automatic Payment Program. Everyone must complete and return an Automatic Payment Program form. Any questions about this payment process should be referred to Amy West @ 253-1947, ext 11 or [awest@thewisc.com](mailto:awest@thewisc.com)

In order for your child to attend camp we MUST have the following paperwork on file:

1. Fully Completed Registration form including:
  - a. Full addresses for Parents' Employer
  - b. Full Addresses and phone numbers for 2 separate Emergency Contacts.
  - c. Allergies noted (if there are none, please put N/A)
  - d. If there is any line that does not apply, please put N/A.
2. Copy of your child's Birth Certificate
3. A copy of a school entrance physical exam form that MUST be signed or stamped by your doctor.
4. A copy of a list of up to date immunizations that MUST be signed or stamped by your doctor.
5. If your child has a food allergy, we MUST have an allergy action plan from a doctor on file. Please contact Conor Dibble if you have any questions.
  - a. If your child's allergy requires medication, you must turn in a Medication Authorization form signed by a doctor. For this form, please contact Conor Dibble.

Please direct all other questions to myself, Conor Dibble, at 757-253-1947 ex 17 or [cdibble@thewisc.com](mailto:cdibble@thewisc.com) or Ashley Morris at 757-253-1947 ex 15 or [amorris@thewisc.com](mailto:amorris@thewisc.com)

We look forward to another exciting summer of making friends and having tons of fun!

Thank you,  
Conor Dibble  
Director Kid's Club

Ashley Morris  
Assistant Director Kid's Club, School Age

# School Age Camp 2018 Enrollment Application

## Child's Information

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
Child's Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Email: \_\_\_\_\_  
Sex: M F Date of Enrollment: \_\_\_\_\_ Start Date: \_\_\_\_\_  
\_\_\_\_\_ Grade for 18/19 School Year  
Current School/Center: \_\_\_\_\_ Previous School/Center: \_\_\_\_\_

**Program Enrollment:**

\$140.00 weekly \_\_\_\_\_ \$126 weekly \_\_\_\_\_ (sibling discount)

## Parent's Information

Parent 1: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip: \_\_\_\_\_ Email Address \_\_\_\_\_  
Place Employed: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
Work Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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Parent 2: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip: \_\_\_\_\_ Email Address \_\_\_\_\_  
Place Employed: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
Work Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

## Additional Children in the Preschool or SAC Program

<b>Name</b> _____	<b>Age</b> _____
<b>Name</b> _____	<b>Age</b> _____
<b>Name</b> _____	<b>Age</b> _____

**Emergency Information**

Allergies or Intolerance to Food, Medication or other Special Needs: \_\_\_\_\_

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

**Names & Address of Two Local People 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 and Early Withdrawal Requirements**

**Deposit Requirement:** (Camp Deposit is applied toward the last week of camp)

**Deposit Payment:** VISA    MasterCard    Cash    Check# \_\_\_\_\_    Deposit Payment Date: \_\_\_\_\_

**1 camper** \$140.00 \_\_\_\_\_    **2 campers** \$ 266 \_\_\_\_\_    **3 campers** \$378 \_\_\_\_\_    **4 campers** \$504 \_\_\_\_\_

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.** \_\_\_\_\_ **Please initial.**

**Tuition:** Summer camp tuition is due weekly whether the camper attends or not. Each camper is allotted one week vacation at no charge, provided a two week notice is given. The vacation week will only apply if the camper is not at camp. \_\_\_\_\_ Initial.

**Agreements**

1. WISC Kid's 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 Kid's Club to obtain immediate medical care if any emergency occurs when he/she cannot be located immediately.
3. The parent/guardian agrees to WISC Kid's Club's rules and regulations as described in the policy 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 payment from the credit card/debit card listed on the attached auto pay form every Friday beginning June 16<sup>th</sup> 2017.

**Signatures**

\_\_\_\_\_

**Parent or Guardian**

**Date**

\_\_\_\_\_

**Director**

**Date**

\_\_\_\_\_

# School Age Program

## AUTOMATIC PAYMENT PROGRAM

### ENROLLMENT FORM

#### 2018 Summer Camp

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

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

Please Circle: Debit Card or Credit Card

Card Number \_\_\_\_\_ Exp Date \_\_\_\_\_ 3 Digit Code \_\_\_\_\_

Name as it appears on  
account/Card \_\_\_\_\_

Tuition Amount: \_\_\_\_\_ \$140.00 Per Week  
\_\_\_\_\_ \$126.00 Per Week (sibling discount)

All payments are processed on Friday for the upcoming week

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

***Note: WISC Kids Club accepts Mastercard and Visa only.***



## Summer Camp 2018 Vacation Request Form

One week of vacation is allotted for students enrolled in the preschool 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 or center director 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 school the week the vacation was requested.

Vacation Week Requested: \_\_\_\_\_

Child's Camp Group: \_\_\_\_\_

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

Received By: \_\_\_\_\_ Date: \_\_\_\_\_  
(WISC Representative)

**WAIVER AND RELEASE**  
**Williamsburg Indoor Sports Complex**

I intend to use or participate in some or all of the activities, facilities, equipment, programs and services offered at or by Williamsburg Indoor Sports Complex LLC ("WISC"). WISC's facilities are below referred to as "the WISC".

1. In consideration of gaining membership or being allowed such use or participation at WISC, in addition to the payment of any fee or charge, I do hereby waive, release and forever discharge WISC and its owners, officers, agents, employees, representatives, executors, successors and assigns from any and all responsibilities or liability for injuries or damages resulting from any participation in any aspect of any activities or programs or my use of equipment or machinery in WISC's facilities or arising out of any activities or events occurring at the WISC.

Please Initial \_\_\_\_\_

2. I understand and am well aware that strength, flexibility, fitness, exercise and sports activities, including the use of equipment, is potentially hazardous and there is the risk of injury and even death. I also understand that everyone (including myself) has a different capacity for participating in physical activities. I am also aware that all activities, facilities, programs and services at the WISC are educational, recreational, social, or self-directed in nature. Knowing that, I agree that my participation in any and all of the activities at WISC is strictly voluntary and has not been requested or required by WISC. I further agree that my participation in any and all of the activities at WISC is at my own risk and that I assume any and all risk of injury, illness, damage or loss that might result. I also agree to assume all risk of damage, loss or theft to or of any of my personal property.

Please Initial \_\_\_\_\_

3. I hereby declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity or other illness that would prevent my participation in any of the activities at the WISC. I acknowledge that I have either had a physical examination and have been given a physician's permission to participate in these activities, programs, facilities and services at the WISC, or that I have decided to participate without the approval of my physician. Accordingly, I do hereby assume all responsibility for my participation in such activities, programs, facilities and services, as well as for my use of any and all equipment and machinery in connection with them.

Please Initial \_\_\_\_\_

4. Finally, I understand that the activities, facilities, equipment, programs and services offered at the WISC may sometimes be conducted by persons who may not be knowledgeable, licensed, certified or registered instructors or professionals. I accept the fact that the skills and competencies of WISC employees, agents, representatives or volunteers will vary according to their training and experience. I also understand that no claim has been or is being made by WISC to offer assessment or treatment of any mental or physical disease or condition by those who are not duly licensed, certified or registered and employed by WISC to provide such professional services.

Please Initial \_\_\_\_\_

**PARENT/GUARDIAN-CHILD AGREEMENT:** I am hereby giving my consent and permission for my child/children \_\_\_\_\_ (print names) to be an active member of the WISC and to participate in the activities and programs for which they are registered. I understand that under certain circumstances they will be able to work out or participate in activities without direct supervision. I acknowledge that I am responsible for their actions, and that if they are not demonstrating proper usage of machines, facilities or equipment or exhibiting proper behavior, they will face appropriate disciplinary actions. I understand that WISC's is a family atmosphere and that my child/children need my support, motivation, encouragement and supervision to succeed in a fitness or sports program, and I agree to provide it.

Member's Signature \_\_\_\_\_ Date \_\_\_\_\_

WISC Representative \_\_\_\_\_ Date \_\_\_\_\_

**WISC Summer Camp Blanket Permission Slip  
(Sunscreen, Insect Repellent, Field Trips Photography and Medical  
Treatment)**

***Sunscreen: Insect Repellent:***

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

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(Parent/Guardian's Signature)

(Date)

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***Field Trips/Swimming: You do not need to sign if your child is attending weekly sports camps***

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

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(Parent/Guardian's Signature)

(Date)

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***Medical:***

In the event of an emergency, I give permission for WISC Staff/Volunteers to seek appropriate medical attention.

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(Parent/Guardian's Signature)

(Date)

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***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, facebook page, as well as in various other media publications. Please indicate below if you would or would not like to have your child photographed.

\_\_\_\_\_ **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 not be included in or that may be altered for my child based on this request.

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(Parent/Guardian's Signature)

(Date)

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