

WCDS Summer Camp 2023 Registration Form

Camper Name:

First _____ Last _____ Gender: Male ___ Female ___
 Grade (as of 2023/24 academic year) _____ Birth date ____/____/____ Age (as of August 31, 2023) _____
 Street Address _____ Town/City _____ State ___ Zip Code _____

Parent/Guardian - Contact Information

Parent/Guardian #1

First _____ Last _____ Ms. Mrs. Mr. Other _____
 Street Address _____ Town/City _____ State ___ Zip Code _____
 Daytime Phone # _____ Email _____

Parent/Guardian #2

First _____ Last _____ Ms. Mrs. Mr. Other _____
 Street Address _____ Town/City _____ State ___ Zip Code _____
 Daytime Phone # _____ Email _____

Emergency Contact Information

Emergency Contact #1

First Name _____ Last Name _____
 Daytime Phone # _____ Relation to child _____

Emergency Contact #2

First Name _____ Last Name _____
 Daytime Phone # _____ Relation to child _____

Medical Release Information

Insurance Information

Name of Health Insurance Provider _____ Policy Number _____
 Primary Physician _____ Phone # _____
 Street Address _____ Town/City _____ State ___ Zip Code _____

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

<u>Medical Problem</u>	<u>Required treatment</u>	<u>Should paramedic be called?</u>
_____	_____	Yes/No
_____	_____	Yes/No
_____	_____	Yes/No

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?
 Yes ___ No ___ If yes, explain: _____

Is your child allergic to any type of food or medication?
 Yes ___ No ___ If yes, explain: _____

Does your child require a special diet?
 Yes ___ No ___ If yes, explain: _____

***The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.**

In case of medical emergency contact:

	Name	Phone #	Relationship to Child
Contact #1	_____	_____	_____
Contact #2	_____	_____	_____

Camper Name: _____

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

Parent's/Guardian's Initials _____

I understand that the **WCDS Summer Camp** will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

Parent's/Guardian's Initials _____

Terms of Agreement

Photo Release

I hereby give permission for my child to be photographed during the **WCDS Summer Camp**. I understand the photos will be used to keep a journal of activities, to share during presentations and for promotional purposes including flyers, brochures, newspapers and on the internet. I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed, I do not expect compensation and that all photos are the property of WCDS Summer Camp.

Parent's/Guardian's Initials _____

Miscellaneous

The **WCDS Summer Camp** and its co-organizers are not responsible for lost or damaged personal property. All scheduled events are subject to change. I understand that no fees will be refunded for any reason. Children's photos and quotes may be used for publicity purposes. In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician).

Guardian Signature: _____ Date: _____

Printed Name of Parent/Guardian: _____

Registration, Fees and Payment

Please indicate which week(s) your camper will be in attendance.

Week 1:

June 12 - 15
Monday - Thursday
9 AM - 12 PM
Fee: \$ 140

Week 2:

June 19 - 22
Monday - Thursday
9 AM - 12 PM
Fee: \$ 140

Weeks 1 & 2:

June 12 - 15 & June 19 - 22
Monday - Thursday
9 AM - 12 PM
Fee: \$ 250

T-Shirt Size (please circle 1):

Youth XS (2-4) Youth S (6-8) Youth M (10-12) Youth L (14-16) Youth XL (18-20) Adult S Adult M Adult L

Payment and registration due on or before Friday, May 12, 2023 to ensure a space at camp and a t-shirt.

Please make checks payable to: **Wayne Country Day School**

Send (or drop off) registration forms and full payment to: **WCDS Summer Camp**
480 Country Day Rd.
Goldsboro, NC 27530

Please direct your questions to:

Dona Briggs

Telephone: 919-736-1045 ext. 104

Email: donabriggs@waynecountryday.com

Patty Daughtry

Telephone: 919-736-1045 ext. 105

Email: pdaughtry@waynecountryday.com

NOTE:

- Campers will enjoy a snack break each day. They may bring a snack from home or purchase a snack from the WCDS Summer Camp.
- WCDS Summer Camp is open to ALL rising K - 5th grade students and does not discriminate on the basis of race, creed, sex, gender, national origin, or physical handicap.