

WCDS Summer Camp 2024 Registration Form

Camper Name:

First _____ Last _____ Gender: Male ___ Female ___
 Grade (as of 2024/25 academic year) _____ Birth date ____/____/____ Age (as of August 31, 2024) _____
 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 and no partial payments will be accepted. 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 10 - 13
Monday - Thursday
9 AM - 12 PM
Fee: \$ 140

Week 2:

June 17 - 20
Monday - Thursday
9 AM - 12 PM
Fee: \$ 140

Weeks 1 & 2:

June 10 - 13 & June 17 - 20
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 10, 2024 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.