



**WESTMINSTER CHRISTIAN ACADEMY**  
2018 SUMMER DAY CAMP APPLICATION

**PURPOSE:** The purpose of the Westminster Christian Academy (WCA) Summer Day Camp program is to provide families with a Christian environment for their children's summer care needs, while promoting and instilling spiritual and academic enrichment from a Christian worldview.

**REGISTRATION:** This program is available to students entering grades K4 – children who have completed grade 6. Registration will start on January 3, 2018 and priority will be given to WCA families and returning families from Summer Day Camp 2017 until Friday, January 26, 2018. Afterward, new family enrollment is on a first come/first serve basis and classes will fill up fast.

**CAMP DATES:** Tuesday, May 29, 2018 – Friday, July 27, 2018 (9 weeks)

**REGISTRATION COST:** \$60.00/child, non-refundable registration fee

**TUITION:** Westminster Families - \$150.00 per week; Non-Westminster Families - \$185.00 per week

**ACTIVITIES:** Our program includes Bible stories/devotions, chapel, swimming, bowling, skating, movies, museums, arts & crafts, computer, organized games and various field trips.

**Thank you for considering Westminster Summer Day Camp for your summer care needs.**

Westminster Christian Academy  
Lower School Campus  
375 Mount Zion Road  
Madison, AL 35757  
(256) 705-8300

Kathy Mansfield  
[Kathy.Mansfield@wca-hsv.org](mailto:Kathy.Mansfield@wca-hsv.org)  
WCA Summer Day Camp Director

Mary Hayes  
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Assistant Director



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Date: \_\_\_\_\_ WCA Family: Y or N Church Attending: \_\_\_\_\_

**Participant Information**

**Child #1**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

DOB: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_ Gender: \_\_\_ Grade Completed: \_\_\_ T-shirt size: YXS YS YM YL YXL

**Child #2**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

DOB: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_ Gender: \_\_\_ Grade Completed: \_\_\_ T-shirt size: YXS YS YM YL YXL

**Child #3**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

DOB: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_ Gender: \_\_\_ Grade Completed: \_\_\_ T-shirt size: YXS YS YM YL YXL

**Parent / Guardian Information**

**Mother/Guardian:** \_\_\_\_\_  
(Last) (First)

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Email Address (Please print): \_\_\_\_\_

Mother's Cell Phone: \_\_\_\_\_ Mother's Work Phone: \_\_\_\_\_

**Father/Guardian:** \_\_\_\_\_  
(Last) (First)

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Email Address (Please print): \_\_\_\_\_

Father's Cell Phone: \_\_\_\_\_ Father's Work Phone: \_\_\_\_\_

Your child's slot in the WCA Summer Day Camp program is secured by the receipt of: (1) a \$60 NON-REFUNDABLE REGISTRATION FEE per child, (2) SUMMER DAY CAMP APPLICATION, (3) the EMERGENCY MEDICAL PERMISSION, (4) the PARENTAL PERMISSION TO PARTICIPATE IN OFF-CAMPUS ACTIVITIES, (5) the PARENTAL AGREEMENT/STATEMENT OF UNDERSTANDING FORM, (6) the BEHAVIOR MANAGEMENT POLICY and (7) SWIM WAIVER.

Weekly tuition for WCA Summer Day Camp is **\$150.00/week for Westminster families or \$185.00/week for Non-Westminster families**. Families with 3 or more children will receive a **25%** discount that is **applied to the third child and all others after the third**.

**Families are asked to commit to pay tuition for 9 weeks of the summer camp program. Families wishing to take a one week vacation may do so at a reduced one week rate of \$100.00.**

**STATEMENT OF COMMITMENT**

I agree to pay for 9 weeks of 2018 Summer Camp.

\_\_\_\_\_  
Signature of Parent/Guardian Date



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**EMERGENCY MEDICAL PERMISSION SLIP**  
(One form per child)

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

Please list any allergies your child may have: \_\_\_\_\_

Does your child take medication? If so, please list the medication taken:  
\_\_\_\_\_

Please list any medication that your child may need to take during camp hours:  
\_\_\_\_\_

Before any medication (prescription or non-prescription) is dispensed to my child, I will provide a written authorization form, available upon request. All medicine must be brought in by the parent in the original container with my child's name on it. Only authorized Summer Camp personnel will administer medication.

Preferred Hospital: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

**INSURANCE INFORMATION**

Carrier/Plan Name: \_\_\_\_\_

Name of Insured: \_\_\_\_\_ Relationship to participant: \_\_\_\_\_

Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

***In the event that during the school day an injury or medical emergency occurs which, in the opinion of the authorities at Westminster Christian Academy, requires a physician's attention and the school is unable to find either parent, the school will call 911 for treatment and/or transport. I will not hold Westminster financially responsible for the emergency care and/or transportation for my child if such actions are necessary. I release Westminster Christian Academy from any and all liability related to medical treatment. In addition, I assume the risk and financial responsibility for any injury resulting from the attendee's participation in Westminster Summer Camp.***

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date



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**PARENTAL PERMISSION TO PARTICIPATE IN OFF-CAMPUS ACTIVITIES**

(One form per family)

Campers have many opportunities to participate in various off campus activities. Campers are encouraged to participate in these activities. WESTMINSTER CHRISTIAN ACADEMY (WCA) WILL ASSUME REASONABLE RESPONSIBILITY AND SUPERVISION FOR THE SAFETY AND WELFARE OF CAMPERS WHILE THEY ARE OFF CAMPUS. NEGLIGENCE ON THE PART OF THE CAMPER IS NOT CONSIDERED REASONABLE.

Your signature below constitutes and is evidence of: 1.) Consent to permit your son/daughter to participate in Summer Camp activities. 2.) Your agreement to accept general liability for the participation of your son/daughter in camp activities. 3.) Your agreement to waive, release, indemnify, and hold harmless WESTMINSTER CHRISTIAN ACADEMY (WCA), its members, agents, and employees, from any and all claims and liability arising out of your child's participation in the Summer Camp activity and transportation thereto and from as described.

Name of child(ren) who will be attending Summer Camp activities and will be transported on all field trips:

\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

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**AUTHORIZED ADULTS FOR PICK UP**

Participants will only be released to the responsible adult listed on your child's registration form. In the event that your child will be picked up by an adult not listed on the registration form, the parent's written authorization is required and forms are available at the sign in table. The person picking up the child must be prepared to show photo ID.

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

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

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

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



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**PARENTAL AGREEMENT/STATEMENT OF UNDERSTANDING FORM**  
(One form per family)

NAME OF PARENT OR GUARDIAN: \_\_\_\_\_  
(Please print)

Please initial by each statement, sign and date this form. It must be turned in at time of registration.

\_\_\_\_ 1. I understand that my child must be signed in and signed out by a parent/guardian/authorized person. I understand that my child will not be allowed to enter or leave the Summer Camp facility without being escorted by a parent/guardian/authorized person or Westminster personnel.

\_\_\_\_ 2. I understand that if my child arrives late and the WCA camp has left to go on a field trip, then I will be responsible to transport my child to the designated field trip location.

\_\_\_\_ 3. I understand that electronic devices, including cell phones, are not allowed at summer camp. They will be locked up and returned to a parent at pick up time.

\_\_\_\_ 4. I acknowledge that it is my responsibility to keep my child's records current to reflect any significant changes as they occur, e.g., telephone numbers, work location, emergency contacts, child's physician, child's health status, etc.

\_\_\_\_ 5. I understand that I will be informed by the Westminster staff of any incidents, including illnesses, injuries, adverse reactions to medications, etc., which include my child. In the event that physicians, parents, or other authorized persons cannot be contacted, the staff is hereby authorized to take whatever action is deemed necessary, in their judgment, for the health and safety of my child.

\_\_\_\_ 6. I understand that lunch and an afternoon snack will be provided. If your child cannot eat what camp is serving for lunch or snack for the day, please plan on sending a lunch from home with your child. **Due to nut allergies, do not send anything to camp that contains nuts.**

\_\_\_\_ 7. I understand that my child may be signed in no earlier than 7:00 am and signed out no later than 5:30 pm. I also understand that I will pay **\$1.00 per minute after 5:30 pm** if I am late picking up my child. The camp director will note the sign out time and **expect the amount to be paid no later than the following day when you bring your child to camp.** If writing a check, it needs to be separate from the tuition check.

\_\_\_\_ 8. I understand that full tuition is charged for all weeks that include holidays, a child's absence due to illness or any other reason (including weather closings).

\_\_\_\_ 9. I understand that the charges for Summer Camp are paid on a weekly basis and are due on the **Friday prior** to the week being used. A **\$15.00 late fee** will be charged if the account is not paid by Wednesday of the week being used. If payment has not been received by Friday morning, your child will be temporarily withdrawn until the account is brought current unless an agreement has been made with the Westminster Summer Camp Director. A **\$35 fee** will be assessed for any returned checks.

\_\_\_\_ 10. I understand that the Summer Camp Director and the School Principal reserve the right to dismiss any student whose general attitude, behavior or habitual actions are contrary to policy and/or the interests of the Summer Camp program. I further understand that this will be a last resort only after reasonable intervention has failed.

The signing of this agreement for the Summer Camp Program acknowledges my acceptance of Westminster's policies of attendance and procedures concerning payment of fees as referenced above. I/We agree to pay to the order of Westminster Christian Academy (WCA) the registration fee (non-refundable) of \$60.00 and the weekly fee of \$150.00 (WCA families) or \$185.00 (Non-WCA families) according to the guidelines as outlined above.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date



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**BEHAVIOR MANAGEMENT POLICY**

Has your child ever attended another summer camp? \_\_\_\_\_

If yes, name of camp: \_\_\_\_\_

Has your child ever been suspended or expelled from another camp or school? \_\_\_\_\_

If yes, name of camp/school: \_\_\_\_\_

**Behavior Guidelines:**

- Children are responsible for their actions.
- We respect each other and our environment.
- Honesty will be the basis for all relationships and interactions.
- We will care for ourselves and those around us.

**When a child does not follow the behavior guidelines, we will take the following steps:**

1. Counselor will redirect the child to a more appropriate behavior.
2. The child will be reminded of the behavior guidelines and camp rules, and a discussion will take place. The child may also be placed in "Time Out."  
Time Out
  - i. The child will be removed from the activity he/she is currently participating in and will sit out for a certain period of time
  - ii. When placed in "Time Out," the child will sit out in minutes equivalent to his/her age (7 years old = 7 minutes in Time Out).
3. If the behavior persists, a parent will be notified of the problem.
4. The staff will document the situation. The written documents will include what the behavior problem was, the environment in which the incident occurred and the corrective action taken.
5. Staff may schedule a conference with the parent to determine the appropriate action steps.
6. If the problem behavior continues, staff will schedule a conference that includes the parent, child, staff, and Camp Director.
7. If a child's behavior at any time threatens the immediate safety of that child, other children, or staff, the parent will be notified and expected to pick-up the child immediately. This could result in immediate suspension or expulsion.
8. If the behavior persists and the child continues to disrupt the program, WCA summer camp reserves the right to suspend or expel the child from the program at any time.

**The following behaviors are not acceptable:**

- Endangering the health and safety of children and/or staff, members, or volunteers
- Stealing or damaging WCA or personal property
- Refusing to follow the behavior guidelines or WCA camp rules
- Using profanity, vulgarity, or obscenity
- Acting in a lewd manner
- Fighting
- Bullying

I have reviewed this with my child.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

GUEST  
RELEASE and WAIVER of LIABILITY and INDEMNITY AGREEMENT

IN CONSIDERATION of being permitted to utilize the facilities, services and programs of the SHERWOOD SWIM CLUB for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any off-site programs affiliated with the SHERWOOD SWIM CLUB, the undersigned, for himself or herself and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will, inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the SHERWOOD SWIM CLUB for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonable suited for the purpose of such observation, use or participation.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE SHERWOOD SWIM CLUB FOR ANY PURPOSE INCLUDING BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY OFF-SITE PROGRAM AFFILIATED WITH THE SHERWOOD SWIM CLUB. THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND CONVENANTS NOT TO SUE the SHERWOOD SWIM CLUB, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releasees or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the SHERWOOD SWIM CLUB.

THE UNDERSIGNED HEREBY AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage or cost they may incur due to the presence of the undersigned in, upon or about the SHERWOOD SWIM CLUB premises or in any way observing or using any facilities or equipment of the SHERWOOD SWIM CLUB or participating in any program affiliated with the SHERWOOD SWIM CLUB whether caused by the negligence of the releasees or otherwise.

THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE due to negligence of release or otherwise while in, about or upon the premises of SHERWOOD SWIM CLUB and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the SHERWOOD SWIM CLUB.

THE UNDERSIGNED further expressly agrees that the forgoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of Alabama and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

I HAVE READ THIS RELEASE:

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

Signature of Parent/Guardian/Guest: \_\_\_\_\_

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Participant(s) Name if under 18 years of age:

\_\_\_\_\_