Westminster Academy®'s
Early Childhood Summer Camp 2009

We are excited to announce that we are now offering summer camp for children ages 2 – 4. Included in the camp is lunch daily plus 2 snacks. Children ages 3 and 4 will have daily small group swim lessons. There will be many fun activities for the children.

Camp location will be in the Early Childhood area at Coral Ridge Presbyterian Church. The hours will be from 7:45 – 2:45 daily with aftercare available until 6:00 p.m. for a nominal cost per week.

Session 1 runs from June 8 – July 31 (8 weeks) - $1600.00
Session 2 runs from August 3 – 8 (1 week) - $200.00
Half-day sessions are available for 2 and 3 year old children.

I am interested in summer camp for my child/ren
_____

Name of parent's

Number of campers _____

Upon receipt, we will send registration papers to you. Space is limited.

Early Childhood W.A. Camper Application

Last Name _____First Name _____
□ Male □ Female
Age _____ Birthday _____Grade Going into_____

Home address _____

City_____State_____Zip _____

Email address(s) _____

Home Telephone (_____)_____

Name of Doctor _____Office Phone #_____

Father's Cell _____

Mother's Cell _____

PLEASE CHECK THE APPROPRIATE BOX FOR THE SESSION(S) YOU ARE REGISTERING FOR:
□ **Session I - 6/8/09 – 7/31/09 - $1600.00**
□ **Session II – 8/3/09 – 8/7/09- $200.00**

PAYMENT OPTIONS:
MAKE CHECKS PAYABLE TO:
Westminster Academy®
Attention: Rebecca Myers
5601 N. Federal Highway
Ft. Lauderdale, FL 33308

Payment in full $_____ OR **$400 per child** to hold spot for Session I and $200 to hold a spot for Session II. (Deposit is non-refundable and goes towards your camp costs)

Balance must be received <u>no later than May 18, 2009</u>.

ONLY MasterCard and Visa accepted.
IF USING A CREDIT CARD
PLEASE FILL IN <u>ALL</u> OF THE FOLLOWING INFORMATION

Print name as it appears on credit card: _____
Billing address if different from above:_____
City_____State_____Zip_____

Credit Card Number _____Expiration Date_____

Turn card over – print 3 or 4 digit number listed above your signature:_____

□ I hereby authorize Camp W.A. to charge the DEPOSIT(S) for my camper(s) in the amount of $_____ on _____(date).
□ I hereby authorize Camp W.A. to charge my BALANCE on the appropriate dates outlined in the registration information.
□ DO NOT CHARGE my balance to my credit card. I will pay my balance by check.

Signature_____Date_____

WE ONLY ACCEPT VISA AND MASTERCARD

Family Information and Releases (*PLEASE PRINT CLEARLY)*

Father's name _____Business #_____

Cell #_____ Father's e-mail_____

Mother's name_____Business # _____

Cell #_____Mother's e-mail_____

Are there any custodial problems the camp should be aware of? _____

Local Emergency Numbers in Order of Importance:

1._____
Parent/Guardian Home # Office# Cellular#

2._____
Parent/Guardian Home # Office# Cellular#

3._____
Other/State Relationship Home # Office# Cellular#

4._____
Other/State Relationship Home # Office# Cellular#

RELEASE/WAIVER:
I/we hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE Early Childhood Summer Camp W.A. and Westminster Academy®, and any and all employees from liability, claims, demands, actions and causes of actions whatsoever arising out of or related to any loss, damage or injury, including death, that may be sustained by my child/legal ward, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEE, or otherwise, while participating in athletic and camp activities, or while in, on or upon the premises where the activities are being conducted or travel to and from camp. Camp W.A. is hereby granted permission to use any individual or group photographs taken at camp showing my child(ren) for publicity purposes. I hereby release Westminster Academy® from any responsibility or liability for any lost, stolen, or damaged personal property which my child(ren) brings to camp.
Signature of Parent/Guardian_____

Please indicate the insurance company and policy number under which your child is insured:

Company_____ Policy Number_____

EMERGENCY TREATMENT AUTHORIZATION:
I _____hereby approve emergency treatment by the hospital and/or physician for my child. I will assume financial responsibility for bills incurred through my insurance company. I understand that Early Childhood Summer Camp W.A. is **NOT A PEANUT FREE ENVIRONMENT**. My child is allergic to the following medications or has the following allergies, including food allergies:

_____

_____

_____
Parent's Signature Date

Early Childhood Summer Camp Pickup Form

Camper's Name _____

Parents' Name _____

The following people are allowed to pick my child up from Early Childhood Summer Camp:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

Medical Conditions

Please list all medical conditions (include allergies) your child has that the camp staff needs to be aware of: