



**SUMMER SCHOOL APPLICATION**

**Students 2nd grade through 8th grade ● July 6 – July 27, 2017**

All summer school and enrichment classes will be on Tuesday and Thursday only from 9:00 a.m. – 12:00 p.m.

Please read entire form. Fill out all required information and sign both sides of form. Complete one form for each student attending summer school and/or enrichment classes

Child Name: \_\_\_\_\_ Circle one: M / F      DOB: \_\_\_\_\_

Billing/Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Current School of Attendance: \_\_\_\_\_ Grade in Sept.: \_\_\_\_\_

**Parent/Legal Guardian Information**

Mother/Legal Guardian Name: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

Mother's email: \_\_\_\_\_ SSN#: \_\_\_\_\_

Father/Legal Guardian Name: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

Father's email: \_\_\_\_\_ SSN#: \_\_\_\_\_

\_\_\_\_\_ **SUMMER SCHOOL:** 4 WEEKS @ \$350. If a student is also attending day camp during this period, the summer school fee will be \$200.

Week 4	Week 5	Week 6	Week 7
T - CLOSED	T - 7/11	T - 7/18	T - 7/25
TH - 7/6	TH - 7/13	TH - 7/20	TH - 7/27

\_\_\_\_\_  
Parent/Legal Guardian Name

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

## Conditions for Enrollment

1. **Students must be in good health.** Allergies and other conditions that might affect the health, safety, or welfare of the student must be noted on the emergency and medical information below. This must be completed and on file prior to the student's first day. Signature on the form ensures WVC Camp your child is in good physical health for the summer.
2. **Age requirement.** All summer students must be 5 years of age by June 1st to participate in summer school.
3. **Program/Staff changes.** We reserve the right to make program, staff, and activity changes at our discretion.
4. **Summer school fees.** Summer school and enrichment fees must be paid in full at time of registration. By signing this form, you are agreeing to pay all fees for the program selected.
5. **Minimum class size.** Summer school and enrichment classes must meet a minimum of four students or the class will be cancelled.
6. **Dismissals.** In order to provide an outstanding experience for every child, WVC reserves the right to dismiss children whose behavior is detrimental to the campus community. There will be no refunds in the event of a dismissal.
7. **Returned checks.** Fees are due as contracted. Your account will be charged \$25 for any returned payment.
8. **Accident Insurance.** Limited excess accident medical expense coverage is provided for campers enrolled at West Valley Christian Camp. PARENTS' MEDICAL INSURANCE IS PRIMARY.
9. **Promotional materials.** You hereby grant permission to the camp to use pictures of your child in promotional materials for WVC Camp/School.

### EMERGENCY AND MEDICAL INFORMATION

In case of an EMERGENCY, if parents are not available, please contact the following: (Name of person, relationship and phone #)

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Dr. Name and phone #: \_\_\_\_\_

\*In case of an emergency, WVC camp has my permission to select a physician for my child if I cannot be reached.\*

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|---|----------|
| 1. Are there any physical activities in which your child should not participate?                          | Yes / No |
| 2. Are there any allergies to food, animals, insects or environment we should be aware of?                | Yes / No |
| 3. Does your child have asthma or any other health condition which requires medication during camp hours? | Yes / No |
| 4. Date of last tetanus shot: _____   |          |

If you answered YES to any of the questions above, please explain: \_\_\_\_\_

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\_\_\_\_\_  
Print Parent Name

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date