WOODROE WOODS SCHOOL
2020 SUMMER CAMP REGISTRATION FORM

The 2020 Woodroe Woods Summer Camp runs **June 15th through July 10th and July 13th through August 7th**. Hours are 8:30am to 4:30pm.

CAMPER INFORMATION:

NAME: LAST **MIDDLE** **FIRST** **GENDER** **DOB**

CURRENT SCHOOL **GRADE LEVEL COMPLETED IN JUNE 2020**

Do you have a sibling at Woodroe Woods? YES ☐ NO ☐ Sibling's Name: _____

HOW DID YOU HEAR ABOUT WOODROE WOODS SCHOOL?

Rates:

- Tuition is due in advance by June 10th (first session) and July 1st (second session).
- Tuition is $1,100 per session
- Sibling discount: 20%. The Camper registered for the most amount of sessions pays the full amount. Siblings on same or reduced schedule receive a 20% discount.

Schedule: (Please put a check mark next to the session attending camp)

	Session #1: June 15 – July 10 (excluding July 3rd)	$1,100
	Session #2: July 13- August 7	$1,100

T-Shirt size:

Please, choose a t-shirt size for your camper. **YOUTH : S M L XL** **ADULT: S M**

Payment:

Payment in full is due in advance by June 10th (first session) and July 1st (second session). Tuition is nonrefundable, unless camp needs to be closed as prescribed by health authorities, in which case prorated tuition will be refunded.

Session #1	X	$1,100	-	Discount $_____	=	$_____ **Due 6/10**
Session #2	X	$1,100	-	Discount $_____	=	$_____ **Due 7/1**

- I have read the Summer Camp Policies (available online at www.woodroewoods.org) and agree to abide by the procedures detailed therein.
- I/we understand that no credit is given for partial attendance. No portion of the tuition will be refunded if the student is absent, withdrawn, suspended, or should otherwise fail to complete the session.
- I/we give permission for my/our child to participate in all camp activities.
- I/we hereby grant permission to Woodroe Inc. to use photographs and/or video of my child taken at Woodroe Woods in publications, news releases, online, marketing, and in other communications related to the mission of Woodroe Woods School.

PARENT/GUARDIAN'S NAME **SIGNATURE** **DATE**

WOODROE WOODS SCHOOL
IDENTIFICATION & EMERGENCY INFORMATION

CHILD'S NAME **LAST** **MIDDLE** **FIRST** **GENDER** **DOB**

ADDRESS **NUMBER** **STREET** **CITY** **STATE** **ZIP**

PARENT'S NAME **LAST** **MIDDLE** **FIRST** **WORK PHONE** **HOME PHONE** **CELL PHONE**

ADDRESS **NUMBER** **STREET** **CITY** **STATE** **ZIP**

PARENT'S NAME **LAST** **MIDDLE** **FIRST** **WORK PHONE** **HOME PHONE** **CELL PHONE**

ADDRESS **NUMBER** **STREET** **CITY** **STATE** **ZIP**

EMAIL ADDRESSES

ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY

PHYSICIAN **ADDRESS** **MEDICAL PLAN AND NUMBER** **TELEPHONE**

DENTIST **ADDRESS** **MEDICAL PLAN AND NUMBER** **TELEPHONE**

NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY

NAME	RELATIONSHIP

- I/we hereby give permission to Woodroe Inc., dba Woodroe Woods School to obtain all emergency medical or dental care for my/our child. This care may be given under whatever conditions are necessary to preserve the life, limb or wellbeing of my/child. Any expenses incurred in obtaining such medical care will be paid by me/us.
- I/we give permission for my/our child to be transported out of camp in case of an emergency. Any expenses incurred in such transportation will be paid by me/us.

PARENT'S NAME **SIGNATURE** **DATE**

PARENT'S NAME **SIGNATURE** **DATE**

WOODROE WOODS SCHOOL
CONFIDENTIAL HISTORY & HEALTH QUESTIONNAIRE

Child's Name: _____ DOB: _____

Does your child have allergies, health issues, or dietary restrictions?

FOODS:_____ MEDICATIONS: _____

INSECTS:_____ HAY FEVER/ALLERGIES: _____

DIETARY/OTHER: _____

What is the allergic reaction to Food/Medication/Health/Other? (i.e. what we need to look for):_____

_____

Does your child easily and/or quickly spike fevers? _____ Describe symptoms: _____

Disability or chronic or recurring illness (specify): _____

_____

Current medications: _____

Does your child have a history of/suffer from depression anxiety disorder/anger management problems? Please specify:

_____

Is your child on any medication for behavior modification? _____ Please specify: _____

_____

Are there any special family situations that we should be aware of? _____

_____

Has your child suffered any unusual psychological/physical trauma? _____

_____

Please list any past illnesses that we should be aware of (both physical and psychological) _____

_____

_____

Personality traits: Please mark all that apply to your child:

☐ Tense	☐ Happy	☐ Easy Going	☐ Nervous	☐ Aggressive
☐ Shy	☐ Selfish	☐ Follower	☐ Moody	☐ Antagonistic
☐ Helpful	☐ Leader	☐ Cooperative	☐ Quick Learner	☐ Withdrawn

Are there any other issues, concerns, fears or quirks we should know about? _____

_____

Signature of Parent/Guardian: Print Name: Date:

_____ _____ _____

WOODROE WOODS SUMMER CAMP AUTHORIZATION FORMS & LUNCH MEMO

Child's Name: _____

SHUTTERFLY ACCOUNT AUTHORIZATION FORM

At camp, we may have the opportunity to take photos that will revolve around the camp theme. With your consent, the photos of your child will be uploaded to a PRIVATE Shutterfly share site that is just for our summer camp parents. Some of you may already be familiar with these share sites from other classes or sports teams. If you are not, it is an easy way for all of us to share the summer camp fun. If you choose to participate in the Shutterfly account, please note that these photos MAY NOT be uploaded to any social media platforms (i.e. Snapchat, Twitter, Instagram, Facebook, etc.).
Please, CLEARLY print your email and you will be invited to access the account. If you do not wish to participate, indicate with a check mark and your child will not appear in the photos.

☐ I wish to participate. ☐ I DO NOT wish to participate.

Email 1: _____ Email 2:_____

SUNSCREEN AUTHORIZATION FORM

- Parent/Guardian will be responsible for applying the first layer of sunscreen prior to drop off.
- Sunscreen must be in its original container with the label intact.
- Sunscreen bottle/tube must be labeled with the child's name. Please use masking tape to write your child's name as permanent ink (for example, Sharpie) will smear from frequent handling.
- Periodically, please check on your child's sunscreen supply.
- Kindly deliver the sunscreen directly to your child's teacher.
- Sunscreen may not be kept inside a child's lunchbox, backpack, cubby, etc.

☐ I authorize my child to re-apply sunscreen before afternoon outside playtime. I also understand that teachers will give sunscreen reminders each day, and that they will assist campers as needed. I will supply sunscreen for my child to use, labeled with his/her name. Sunscreen will be kept in my child's classroom.
☐ I DO NOT authorize my child to apply sunscreen.

LUNCH & SNACK MEMO

We believe good nutrition is an important component in the overall development of every individual. Ideally, we would like to see every child bring to school a well-balanced lunch that pulls from a variety of food groups. If "treat foods" come to school, the child automatically wants to eat those first and often fills up before reaching other healthier foods. To lessen temptations, and encourage a nutritious diet, we are asking you NOT to send foods with "empty calories."

We respect that each family has their own tastes and favorites, and we prefer not to dictate foods choices with the following exceptions: **soda, gum, and candy WILL NOT BE PERMITTED.**

We will be happy to make lunch suggestions and, if you want, discuss this further. It is not our policy to force your child to each all his/her lunch; however, the leftovers will be sent home so you can see what is not being eaten.

The school provides a nutritious snack at mid-morning and again in the afternoon. Children who stay after 5:00pm may bring an extra snack with their lunch. No other food may be brought to school unless stated through a directive from the school.

Thank you for your cooperation in this very important matter.

Signature of Parent/Guardian: Print Name: Date:

_____ _____ _____