

Wayne

Christian School

1201 Patetown Road • Goldsboro, NC 27530 • 919-735-5605 • www.waynechristian.org

2009 Summer Day Camp Registration Form

(open to currently enrolled students only)

Name of Camper: _____ Sex _____ Date of Birth _____

2008-2009 Grade: _____

Address: _____ City: _____ Zip: _____

Telephone: _____

E-Mail Address: _____

Special Medical Needs: _____

Parent(s) Information:

Father: _____

Work Phone: _____ Cell Phone: _____

Mother: _____

Work Phone: _____ Cell Phone: _____

Signature of Parent or Guardian: _____ Date: _____

Please select one of the following:

Option 1: Full time

If you choose this option, you are obligating yourself to pay for at least 8 weeks of Day Camp. Each camper is entitled to 1 week of vacation. Other than the one week of vacation, all other weeks must be paid for regardless of attendance.

Option 2: Drop-In:

If you choose this option, you understand that the camper will be taken on a first come first serve basis. Also, you will be charged the drop-in rate of \$30 per day regardless of how many days per week your camper attends.

- All registration forms must be filled out completely.
- Registration forms (including registration fee) should be turned in to the elementary office.
- Registration Fee: \$25.00
- One Time Supply Fee: \$100.00 (**ALL CAMPERS**) must be paid prior to first day of camp
- Full Time Tuition: \$120.00 per week (includes snacks and lunch)
- Drop In Tuition: \$30.00 per day (includes snacks and lunch)

***NOTE: If you register as a drop-in, you will be charged per day even if you attend the entire week.**

REGISTRATION DEADLINE: MONDAY, MAY 11, 2009

(Continued on reverse side)

Please read and initial each of the following statements acknowledging your agreement:

_____ I understand that all tuition is due on Monday. If paid after Wednesday, there will be a \$20 late fee applied to your account. All accounts must be current at the end of each week in order for the camper to return on Monday.

_____ I understand that all vacation notices must be given to the day camp director in writing 2 weeks in advance in order to take advantage of the free vacation week.
NO EXCEPTIONS!

_____ I understand that if I register my child(ren) for the drop-in program, that the drop-in program is available on a first come first serve basis. Therefore, you must notify the Day Camp Director of your need as soon as possible.

_____ I understand that if I register my child(ren) for the drop-in program, I will be charged by the day even if they come for the entire week.

_____ I understand that if I register my child(ren) for the drop-in program, that anytime Day Camp is at capacity, my child may not attend for the day.

_____ I understand that the hours of day camp are from 7:00 a.m. until 6:00 p.m. and that my child(ren) must be picked up by 6:00 p.m. A late pick up fee of \$1.00 per minute will be charged if the student is picked up after 6:00 p.m.

_____ I understand that optional off-campus activities, WCS fine arts and athletic camps are not cluded in tuition.

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Medical Emergency Release Form

Name of Student _____

Social Security Number _____

Address _____

City _____ State _____ Zip _____

Parent or Guardian _____

Home Phone _____ Work Phone _____

Cell Phone / Pager _____

Does your child have allergies? ____Yes ____No If yes, please list reactions and cause:

Medical Insurance Company _____

Policy Number _____

If my child needs medical services, which require my consent before being supplied, and I cannot be reached, I hereby authorize Wayne Christian School teachers or others in charge to furnish on my behalf such authorization that may be required. Further, I release coaches and Wayne Christian School, Inc. from any liability which might arise from the giving of such authorization, it being my desire that my child be furnished with such medical services as soon as reasonably possible after the need arises.

Parent / Guardian Signature _____ Date _____