

# CAMP WCCS presents...

**“5 weeks of Summer Learning and Summer Fun”**

**June 3-July 12, 2018**

**No Camp July 1- July 5**

**GRADES 3<sup>rd</sup>-8<sup>th</sup>**

Students must have completed the 2nd grade

**Wallace Community College Selma**

**\$25 DEPOSIT- \$65 WEEKLY (Payment is due every Monday)**

**MONDAY –THURSDAY 8:00A.M. - 3:30P.M. & FRIDAY 8:00A.M. –NOON**

## REGISTRATION NOW

**CHILD’S FULL NAME:**

\_\_\_\_\_  
**(PLEASE PRINT)**

**EMERGENCY CONTACT:** \_\_\_\_\_ **PHONE NUMBER:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_ **WORK PHONE:** \_\_\_\_\_

**STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_ **EMAIL ADDRESS:** \_\_\_\_\_

**RACE: ASIAN BLACK CAUCASIAN HISPANIC NATIVE AMERICAN OTHER**

**GRADE** \_\_\_\_\_ **DATE OF BIRTH** \_\_\_\_/\_\_\_\_/\_\_\_\_ **GENDER: M** \_\_\_\_\_ **F** \_\_\_\_\_

**PAYMENT AMOUNT ENCLOSED:** \_\_\_\_\_ **T Shirt Size** \_\_\_\_\_

**AS A PUBLIC INSTITUTION, WCCS IS REQUIRED TO COLLECT THE FOLLOWING DATA FOR REPORTING PURPOSES. THIS INFORMATION IS ONLY REPORTED TO THE STATE OF ALABAMA AND IS NEVER MADE AVAILABLE TO ANY PRIVATE ENTITY FOR ANY REASON.**

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## 2019 CAMP WCCS PROGRAM POLICIES

\_\_\_\_ **PROGRAM HOURS:** Monday –Thursday 8:00 a.m. until 3:30 p.m. 8:00am to noon on Friday. Pick-up after 3:30 p.m. will result in a \$1.00 per minute charge until the child is picked up Payable upon pickup. Please be advised that continuous late pick-ups may result in your child’s participation in the program being canceled.

\_\_\_\_ **PAYMENTS:** I understand the \$65 payments are due by the first day of the week (Monday) to the Cashier’s. If you fail to pay, you will be charged a \$15.00 late fee. If payments fall one week behind, my child will not be able to continue in the program.

\_\_\_\_ **CREDIT FOR ABSENCES:** WCCS will not reduce your weekly fee for days missed from the program. When you enroll your child, you are reserving the time, space, staff and the provisions needed for your child.

\_\_\_\_ **REFUNDS & CANCELLATIONS:** Refunds will not be given if you withdraw your child, at any time, from the program. You must notify the site director **AT LEAST ONE WEEK IN ADVANCE, IN WRITING** if your child will not attend the following week. Failure to do so may result in losing your child’s spot. For example: You need to cancel on Monday by 3:30 p.m. if your child will not be attending the following week. If your child is removed from the program for disciplinary reasons the fee for that week will not be refunded.

\_\_\_\_ **RETURNED CHECKS:** Check Care will notify you if we receive an “insufficient funds” check. There will be a \$25.00 service charge on all returned checks. WALLACE COMMUNITY COLLEGE SELMA will only accept cash or money orders after one returned check.

\_\_\_\_ **LOST AND FOUND:** Lost and found will be collected each day and placed in the site director’s office. Any lost and found not claimed by Friday of each week will be donated to charity.

\_\_\_\_ **CELL PHONES AND HAND HELD ELECTRONIC DEVICES:** Cell phones and handheld electronic games are permitted for CAMP WCCS participants; however will be taken away if the use becomes disruptive in class. WALLACE COMMUNITY COLLEGE SELMA will not be responsible for the replacement or repair of any lost, stolen or broken cell phones or handheld electronic device.

\_\_\_\_ **TRANSPORTATION RELEASE:** I \_\_\_\_\_ give permission for my child/children to be transported in WALLACE COMMUNITY COLLEGE SELMA vehicles to attend WALLACE COMMUNITY COLLEGE SELMA Summer Programs and Field Trips. I give Permission for my child to attend all field trips sponsored by WCCS Camp.

\_\_\_\_ **MEDICAL CARE:** I give authority to any hospital, physician or paramedics to render immediate aid as might be required, at the time, for my child’s health and safety. I understand that any expense for this service will be accepted by me. I understand that the WALLACE COMMUNITY COLLEGE SELMA does not provide dental, accident or medical insurance for my child/children. I do waive and release all rights and claims for damages sustained and suffered by my child and/or family in connection with WALLACE COMMUNITY COLLEGE SELMA Summer Camp, and while participating in field trips.

\_\_\_\_ **MEDICATION:** WALLACE COMMUNITY COLLEGE SELMA needs written parental authorization and instructions for any medication that needs to be administered. Any prescription or over-the-counter medication sent to the WALLACE COMMUNITY COLLEGE SELMA must be in its original container and must be labeled with your child’s name, the name of the drug, and directions for administering the drug. A new authorization form is needed each week. By law the WALLACE COMMUNITY COLLEGE SELMA cannot administer any medication, prescription or over the counter, without written authorization. WALLACE COMMUNITY COLLEGE SELMA cannot provide any medication.

\_\_\_\_ **LUNCH/SNACKS:** The summer feeding program will provide lunch for your child; however your child can bring their lunch or purchase lunch in our cafeteria for \$4 a day. Every child will be offered an afternoon snack. We try to involve the children in snack preparation and offer nutrition education. Notify the WALLACE COMMUNITY COLLEGE SELMA if your child has special dietary restrictions.

\_\_\_\_ I agree to abide by the above polices

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

\_\_\_\_\_  
Date

# CAMP WCCS SUMMER PROGRAM CODE OF CONDUCT

It is the goal of *Camp WCCS* Summer Program to provide a healthy, safe, and secure environment for all participants. Children who attend the program are expected to follow the behavior guidelines and to interact appropriately in a group setting.

## Behavior Guidelines

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

The following behavior(s) will not be tolerated and are considered misconduct:

- Endangering the health and safety of others
- Stealing or damaging the College's property or the property of others
- Leaving the Camp without permission
- Causing unnecessary disruptions
- Refusing to follow the rules or behavior guidelines
- Using profanity language or abuse towards others including Camp WCCS staff
- Acting in a lewd manner

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

1. Staff/Counselors will direct the child to more appropriate behavior.
2. The child will be reminded on the behavior guidelines and Camp WCCS Summer Program rules, and further counseling will take place
3. If the behavior continues, parent(s) will be notified of the problem
4. The behavior will be documented.
5. The Staff/Counselor will schedule a conference with the parents to determine the appropriate action need. Depend on the severity of the behavior, the child can be suspended or immediately removed from Camp WCCS.
6. Follow-up will take place.
7. If a child's behavior threatens the safety of others, the parent will be notified and asked to pick up the child immediately.

## PARENT SIGNATURE REQUIRED

I have reviewed with the child the Camp WCCS Summer Program Code of Conduct. I understand and agree to all of the terms presented.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

# DAILY SCHEDULE 2019

## WCCS CAMP

**Times may vary**

	M&W	Tuesday	Thursday	Friday
8:00 a.m. - 8:30 a.m.	Welcome and Morning Stretch	Welcome and Morning Stretch	FIELD TRIP Time of departure and arrival is subject to change.	Welcome and Morning Stretch
9-9:50am	Science	Science		Activities
10-10:50am	Reading	Reading		Exploration
11-11:45am	Math	Math		Weekly Overview
11:45 am-12:15pm	Lunch	Lunch		<b>Camp Ends at Noon</b>
12:45 -2:30pm	Swimming	Interactive Activity		
2:30pm-3:00pm	Physical Education	Brain Breaks		
3:00 p.m. -3:30 p.m.	Wrap Up	Wrap Up		

**Daily schedule is subject to change without prior notification**

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## CAMP WCCS

**\$65.00 a week per child and \$25.00 registration.(Payment is due every Monday)**

**Registration fee goes towards the first week of payment**

**The summer feeding program will provide lunch for your child; however your child can bring their lunch or purchase lunch in our cafeteria for \$5 a day. Every child will be offered an afternoon snack. Notify the WALLACE COMMUNITY COLLEGE SELMA if your child has special dietary restrictions.**

**Field Trips will be scheduled weekly. Students will have to bring money for lunch.**

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# Medical and Emergency Contact Information

Please PRINT the following information

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yyyy)

Sex: Male Female

Father's Name: \_\_\_\_\_ Mother's Name \_\_\_\_\_

Address: \_\_\_\_\_  
 (Street, Apt #) City State Zip Code

Phone # home \_\_\_\_\_ Father's Number (if different) \_\_\_\_\_

Mobile: \_\_\_\_\_ Mother Number (if different) \_\_\_\_\_

Health History: Provide the following information:

Condition	Yes	No	If yes, please explain
Asthma			
Diabetes			
Heart Disease			
Hay Fever			
Eating Disorder			
Seizures			
Food Allergies			
Drug Allergies			
Physical Limitation			
Other			

Date of Last Tetanus Shot: \_\_\_\_\_

**Current Medication:** Please list any medication(S) child is currently taking including over the counter medications

Name of Medication	Strength	Schedule	Comments

## Health Insurance /Physician Information

Insurance Company: \_\_\_\_\_ Policy Holder: \_\_\_\_\_

Insurance Phone Number ( ) \_\_\_\_\_ Policy/Group # \_\_\_\_\_

If an HMO or PHP, provide emergency treatment authorization phone number \_\_\_\_\_

Primary Physician: \_\_\_\_\_ Office Number \_\_\_\_\_



# Medical and Emergency Contact Information

## Medical Authorization:

I, \_\_\_\_\_, parent or legal guardian of \_\_\_\_\_, hereby gives my consent for a representative of CAMP WCCS to obtain such medical care as is reasonably necessary for the welfare of my child, in the event of an emergency or other medical occurrence. I request that payment under my medical insurance program be made directly to the site of services rendered. I understand I am financially responsible for fees not covered by this authorization.

## General Release

I, \_\_\_\_\_, the undersigned parent or legal guardian, do hereby release Wallace Community College Selma, including all Camp WCCS employees or designees from any and all liability which might result from any personal injury claim(s) or course of action which might result directly or indirectly from my minor or child's participation in any activity or trip which may be conducted under the supervision or direction of WCCS.

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Parent or Guardian Signature

Relationship

Date

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