



## WCDS SUMMER ACADEMY 2020

PARTICIPANT'S NAME (please print) \_\_\_\_\_

Grade Entering 2020-2021 School Year \_\_\_\_\_ DOB \_\_\_\_\_

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

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_ Alternate Email \_\_\_\_\_

### CAMP SELECTIONS – PLEASE CHECK ALL THAT APPLY

#### ON CAMPUS, Monday-Friday, 9am-3pm, \$325 PER STUDENT/PER WEEK

<input type="checkbox"/> Pre-School – 2 <sup>nd</sup> Grade	July 20-24	Nature Crafts & Water Fun
<input type="checkbox"/> Pre-School – 1 <sup>st</sup> Grade	July 27-31	Nature Crafts & Water Fun
<input type="checkbox"/> Kindergarten – 5 <sup>th</sup> Grade	July 6-10	Super Silly Science Camp morning / Nature Camp afternoon
<input type="checkbox"/> 2 <sup>nd</sup> – 7 <sup>th</sup> Grade	July 27-31	Art Camp morning Sports / Camp afternoon
<input type="checkbox"/> 3 <sup>rd</sup> – 8 <sup>th</sup> Grade	July 13-17	Breads & Beyond Camp morning / Murder Mystery afternoon
<input type="checkbox"/> 3 <sup>rd</sup> – 8 <sup>th</sup> Grade	July 20-24	History of Writing Camp morning / Global Hunt afternoon
<input type="checkbox"/> 6 <sup>th</sup> – 12 <sup>th</sup> Grade	July 6-10	History of WWII morning / Sports Camp afternoon
<input type="checkbox"/> 9 <sup>th</sup> – 12 <sup>th</sup> Grade	July 13-17	Cinematography Boot Camp morning / Outdoor Activities pm
<input type="checkbox"/> 9 <sup>th</sup> – 12 <sup>th</sup> Grade	July 20-24	SAT Prep morning Outdoor Activities afternoon
<input type="checkbox"/> 8 <sup>th</sup> – 12 <sup>th</sup> Grade	July 27-31	Math Boot Camp morning Outdoor Activities afternoon

(You may choose to select only morning or afternoon camp. Half-day Camp is \$175pp/pw)

#### ONLINE Camp Selections, \$175 PER STUDENT/PER WEEK

<input type="checkbox"/> K– 2 <sup>nd</sup> Grade	Reading Club, Jan Brett Books (4-weeks)	M & W, 10-10:45am,
<input type="checkbox"/> 3 <sup>rd</sup> - 5 <sup>th</sup> Grade	Reading Club, "The Lion, the Witch and the Wardrobe" (4-weeks)	M & W, 11- 11:45am
<input type="checkbox"/> 3 <sup>rd</sup> – 8 <sup>th</sup> Grade	Murder Mystery	July 13-17, Noon-3pm
<input type="checkbox"/> 3 <sup>rd</sup> – 8 <sup>th</sup> Grade	Global Hunt	July 27-31, Noon-3pm

CAMP TUITION IS DUE IN-FULL AT TIME OF ENROLLMENT.

IF A CAMP IS CANCELLED FOR ANY REASON, YOUR FEE WILL BE RETURNED.

ON-CAMPUS CAMP SPACE IS EXTREMELY LIMITED (10 students per camp maximum)

AND IS OFFERED ON A FIRST-COME, FIRST-SERVED BASIS.



## WCDS SUMMER ACADEMY 2020

### METHOD OF PAYMENT:

CHECK ENCLOSED \_\_\_\_\_ MC/VISA \_\_\_\_\_ PAYPAL \_\_\_\_\_

(PLEASE NOTE: A 2.5% convenience fee will be added to all cc transactions)

CARD NUMBER \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

NAME OF CARD HOLDER AS IT APPEARS ON CARD \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

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FORE WCDS use only: Date Recd \_\_\_\_\_ Form of Payment/Check # \_\_\_\_\_



# WAKEFIELD COUNTRY DAY SCHOOL

## MEDICAL WAIVER & EMERGENCY FORM

(please complete one form per child)

PARTICIPANT'S NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

PARENT/GUARDIAN NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CELL PHONE \_\_\_\_\_ OTHER PHONE \_\_\_\_\_

IN CASE OF EMERGENCY, WHEN PARENT/GUARDIAN CAN'T BE REACHED, PLEASE CALL:

NAME \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

CELL PHONE \_\_\_\_\_ OTHER PHONE \_\_\_\_\_

PARTICIPANT'S PHYSICIAN \_\_\_\_\_

PHONE \_\_\_\_\_

HEALTH INSURANCE PROVIDER \_\_\_\_\_

POLICY NUMBER \_\_\_\_\_

ALLERGIES (PLEASE SPECIFY): \_\_\_\_\_

CURRENT MEDICATIONS \_\_\_\_\_

SIGNIFICANT PAST INJURIES OR ILLNESS \_\_\_\_\_

COMMENTS: \_\_\_\_\_

### **PARENTAL AUTHORIZATION CONSENT AND LIMITATION OF LIABILITY**

I GRANT PERMISSION FOR THE ABOVE-NAMED PERSON TO PARTICIPATE IN ALL ACTIVITIES OF THE WCDS SUMMER ACADEMY 2020. I ASSUME ALL RISKS, HAZARDS, AND COSTS INCIDENTAL TO SUCH PARTICIPATION. I UNDERSTAND THE WCDS SUMMER ACADEMY, THEIR ADMINISTRATION, STAFF, EMPLOYEES AND BOARD MEMBERS WILL NOT BE HELD LIABLE FOR ANY INJURY, DAMAGE OR LOSS SUFFERED DURING CAMP. I AUTHORIZE WCDS TO EMPLOY MEDICAL ASSISTANCE FOR MY CHILD IN THE EVENT HE/SHE SUFFERS ILLNESS OR ACCIDENT WHILE ATTENDING WCDS SUMMER ACADEMY. I AGREE THAT WCDS SUMMER ACADEMY SHALL EXERCISE COMPLETE DISCRETION IN THE CHOICE OF PHYSICIAN OR OTHER MEDICAL PERSONNEL FOR MY CHILD. WCDS MAY ACT INDEPENDENTLY OF ME SHOULD IMMEDIATE ACTION BE DEEMED NECESSARY FOR THE SAFETY AND WELL-BEING OF MY CHILD.

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_