

WHITE ROCK NORTH SCHOOL
SUMMER CAMP 2012
 STUDENTS ENTERING 1st Grade – ENDING 6^h Grade

WHITE ROCK NORTH SCHOOL FALL ENROLLMENT 2012-13 [] YES [] NO

Date: ___/___/___ Name of Applicant: _____ DOB: ___/___/___ AGE: ___M/F

Grade Applicant Completed _____ School Previously Attended _____

ALL NEW CAMPERS MUST SUBMIT WITH APPLICATION AN IMMUNIZATION RECORD AND LETTER OF PARTICIPATION FROM DOCTOR. (Not required for current WRNS students).

Summer Camp: Monday, 04 June through Friday, 10 August 2012
 Hours of Operation: 7:00 AM - 6:00 PM
 Activities: Approximately 9:00 AM - 5:00 PM

Field trips are planned around weekly themes. Field trip fees may apply. Summer Camp shirts MUST be worn on field trips (no exceptions). Campers will receive a camp shirt with enrollment. Additional shirts are available for purchase in the front office. A SACK LUNCH W/DRINK IS REQUIRED EVERY DAY FOR CAMPERS. Optional parent involvement: field trips, birthdays & special activities.

APPLICATIONS WILL NOT BE ACCEPTED WITHOUT THE ACTIVITY FEE

CAMPERS MUST SELECT ONE PROGRAM FOR THE ENTIRE SUMMER
Monthly and Weekly programs cannot be combined

[] **CHOOSE THIS PROGRAM**
MONTHLY PROGRAM (Entire summer)
 \$125.00 Activity Fee (includes some field trips)
 \$675.00 June 04 -June 29
 \$675.00 July 02 -July 27
 \$337.50 July 30 -Aug 10

[] ***CHOOSE THIS PROGRAM**
WEEKLY PROGRAM (2 week minimum)
 \$100.00 Activity Fee (includes some field trips)
 \$395.00 Per Two Week Session
 Weeks do not have to be consecutive.
 *All weeks selected must be paid in advance.

WEEKLY PROGRAM - CHOOSE THE WEEKS YOU WOULD LIKE YOUR CHILD TO ATTEND. ENROLLMENT WILL BE LIMITED TO ALLOW FOR APPROPRIATE STUDENT TEACHER RATIOS.

You WILL be financially responsible for the weeks you have initialed:

Please Initial chosen weeks

- | | |
|--------------------------|-------------------------|
| [] June 04 - June 08 | [] July 09 - July 13 |
| [] June 11 - June 15 | [] July 16 - July 20 |
| [] June 18 - June 22 | [] July 23 – July 27 |
| [] June 25 – June 29 | [] July 30 - Aug 03 |
| [] July 02, 03 and 06 | [] Aug 06 – Aug 10 |

**WRNS will be closed on Wednesday, July 4 and Thursday July 5, in observation of Independence Day.
 WRNS will be closed the week of 13-17 August, in preparation for the start of our school year.**

**WHITE ROCK NORTH SCHOOL
SUMMER CAMP 2012**

Parent Information: PLEASE PRINT !!

PARENT 1: _____ HOME PHONE : () _____
ADDRESS: _____ APT# _____ CITY: _____ STATE: _____ ZIP: _____
SOCIAL SECURITY NUMBER: _____ - _____ - _____ DRIVER'S LICENSE NUMBER: _____ STATE: _____
EMPLOYER: _____ WORK PHONE: () _____
CELL PHONE OR BEEPER: _____ E-MAIL _____

PARENT 2: _____ HOME PHONE : () _____
ADDRESS: _____ APT# _____ CITY: _____ STATE: _____ ZIP: _____
SOCIAL SECURITY NUMBER: _____ - _____ - _____ DRIVER'S LICENSE NUMBER: _____ STATE: _____
EMPLOYER: _____ WORK PHONE: () _____
CELL PHONE OR BEEPER: _____ E-MAIL: _____

Student lives with: _____ Both Parents _____ Parent 1 _____ Parent 2 _____ Other

Please note: We have the right to deny service to any child. In the event of a behavioral infraction students may be held from attendance at a field trip or activity.

There will be no reduction in tuition for time taken for vacation.

White Rock North School accepts all students regardless of race, sex, color, or religion. The school reserves the right to request the applicant's withdrawal from the school, if after consultation of all parties concerned, at the sole discretion of the school's administration, the applicant's conduct demonstrates disharmony with the school's policies or standards.

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EMERGENCY/SECURITY INFORMATION

Person(s) other than parents allowed to pick up student (must present a valid driver's license.)

Name: _____	Phone:(W) _____	(H) _____
Name: _____	Phone:(W) _____	(H) _____
Name: _____	Phone:(W) _____	(H) _____
Emergency contacts that may pick up student (must present a valid driver's license.)		
Name: _____	Phone:(W) _____	(H) _____
Name: _____	Phone:(W) _____	(H) _____
Name: _____	Phone:(W) _____	(H) _____

Any changes to the above indicated pick-up list(s) must be made in writing. Phone calls by parents/guardians for such changes will not be accepted.

SECURITY PASSWORD

(Do not leave blank)

Please give information concerning any special needs the student has, such as physical challenges, illnesses, allergies, medications, etc. _____

What other pertinent information do you feel the WRNS staff should know about your child:

Child's Physician: _____ **Phone:()** _____

Physician's Address: _____ **City** _____ **State:** _____ **Zip** _____

**WHITE ROCK NORTH SCHOOL
SUMMER CAMP 2012**

Please initial each box to show you have read, understood and will comply with each statement, and sign at the bottom before turning in to the office at Camp White Rock North. If you have any questions regarding this agreement, please ask the office staff.

I have carefully read and understood all information contained in this agreement and agree to be bound by its terms and provisions. I accept the policies and regulations of White Rock North School, Inc. and release the owner Mrs. Mary F. Adams, and administrators and any other employee from any and all liabilities for injuries and illnesses that might occur from attendance of my child/children in White Rock North's Camp program or while in the custody of said Camp or School.

Monthly tuition is due on the first of every month. I understand there will be no reductions, refunds or credits for holidays, family vacations, school closings, or illness.

I understand that if my payment is made after the **5th day of the month there will be a \$15.00 late fee** charged to my account unless other arrangements have been made and authorized by the front office. I understand if my account is more than 1 week in arrears, my child/children will be dismissed from the program. I understand that I am responsible to pay all fees listed on my account in full. In the event that any action is brought for enforcement of this Contract/Financial Agreement, Parents/Legal Guardians agree to pay reasonable attorney's fees and court costs incurred by the School in addition to any other damages to which the School may be entitled. **I am also responsible for all NSF checks and will pay \$35.00 per NSF check.**

I understand White Rock North's program ends at 6:00 and my child MUST be picked up by that time. However, if in the event I am late, **I agree to pay \$20.00 for the first 5 minutes, and \$1.00 per minute**, thereafter. The total amount of the late fee is to be paid in full to the individual that is caring for my child after hours. **This is due IMMEDIATELY upon picking up my child.**

I am aware that Camp White Rock North accepts checks, money orders, Visa, MasterCard, Discover and American Express.

The following information is required for credit card charges. PLEASE PRINT ALL INFORMATION CLEARLY:

Type of Card: VISA____ MASTERCARD____ AMERICAN EXPRESS____ DISCOVER____

Name on credit card : _____ Credit Card Number : _____ Exp. Date: __/__/__

Card Security Code: _____ Billing address for card: _____ City: _____ St: _____ Zip Code: _____

I realize that White Rock North Summer Camp ends on **10 August 2012.** If my child is withdrawn before the completion of summer camp, I understand I am still responsible for all tuition since I have registered my child for the whole summer program.

I also realize that White Rock North will be closed from **13 August to 17 August 2012,** to prepare for the next school year.

I further understand some field trips and school activities/clinics may require additional fees that may be charged to my school account. I will be notified in advance of these additional charges.

Signature of Financially Responsible Party: _____ Date: _____

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EMERGENCY MEDICAL RELEASE

In order to meet all legal requirements, I hereby authorize the Head of School or the staff of White Rock North School to give consent for any and all necessary emergency medical care for my child _____, while said child is in their custody.

Parent or Legal Guardian's Signature

The State of Texas
County of Dallas

Before me, the undersigned authority, on this day personally appeared _____ known to me to be the person whose name is subscribed above, and acknowledged to me that he/she executed the same for purpose therein expressed. Sworn and subscribed before me this _____ day of _____, 20____.

Notary Public in and for Dallas County, Texas

My Commission Expires

EMERGENCY CONTACT INFORMATION

ALL INFORMATION IS REQUIRED AND MUST BE COMPLETED.

Physician: _____ Phone: _____
Physician Address: _____ City: _____ State: ___ Zip: _____
Parent 1 Name: _____ Work #: _____ Cell#: _____
Parent 2 Name: _____ Work #: _____ Cell#: _____
Home #1: _____ Home#2: _____
Others to be Notified: _____ Relationship: _____
Address: _____ City: _____ State: ___ Zip: _____
Contact Phone#: _____ Cell#: _____
Allergies to Medication or Special Health Alerts: _____