

Camp White Rock North
SUMMER CAMP 2010

INFANTS AND TODDLERS 1 & 2

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

Previous school the student attended: _____ Level: _____

WRNS fall enrollment 2010-2011 school term? YES _____ NO _____

PLEASE ATTACH A COPY OF YOUR CHILD'S IMMUNIZATION RECORD!

Summer Camp: Monday, 07 June through 13 August 2010

Hours of Operation: 7:00 AM – 6:00 PM

Summer Camp Tuition \$900.00 monthly

WRNS will be closed on Friday, 2 July & Monday, 5 July, in observation of Independence Day.

WRNS will be closed the week of 16-20 August, in preparation for the start of our school year.

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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 _____ **(PLEASE DO NOT LEAVE BLANK)**

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

What other pertinent information do you feel the Camp WRNS staff should know about your child? _____

Child's Physician: _____ Phone: _____) _____

Physician's Address: _____

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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 its owner, Mrs. Mary F. Adams, 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, 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. For any additional late days there will be a \$3.00 fee charged each day until payment is made on my child/children's account. 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 \$28.00 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 \$1.00 per minute after 6:00.** 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 does not accept Discover. I know White Rock North accepts checks, money orders, Visa, MasterCard and American Express. The following information is required for credit card charges. **PLEASE PRINT INFORMATION CLEARLY:**

Type of Card: VISA MASTERCARD AMERICAN EXPRESS

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 **August 13, 2010.** 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 **16 August to 20 August 2010,** to prepare for the next school year.

Signature of Financially Responsible Party: _____ Date: _____

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EMERGENCY MEDICAL RELEASE

In order to meet all legal requirements, I hereby authorize the Administrators 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: _____