



December 28, 2009

Parents,

It's that time of year again...starting January 4, 2010 we will be accepting enrollments for the 2010 Preschool and Rising Kinders Summer Camps. There are a limited number of spaces available in each of these camps, so I encourage you to register as soon as you can. We will be offering something new this year to our Rising Kinders Campers: The option for half day sports camps will be included in your Rising Kinders' summer camp experience. That's right! There will be several half day camps available to choose from. Specific camps are still in the discussion stage, but imagine that your child will be able to attend a soccer camp from 9am to 12 or a cheerleading camp from 9-12 and then be brought back over to the preschool to continue with our regular summer camp activities that we have planned for that day. Specifics on the camps will follow soon. *These half day camps will not be taking the place of field trips for the Rising Kinders.*

As always, our goal is to offer a fun-filled program which keeps our campers involved and having fun on a daily basis. We are in the process of developing our Summer Camp themes and finding new and creative activities to go along with them. As summer approaches we will be working on our activity list for both camp groups and our Field Trip calendar for the Rising Kinders.

Here are some guidelines to follow for camp registration:

- Turn in registration form with a non-refundable \$280 deposit per camper. The deposit will secure you a spot in summer camp and will be applied to your last two weeks of camp. If you are registering two campers, the deposit will be \$252 for the second camper.
- All remaining items in the registration packet should be completed and returned as soon as possible. No camper may attend camp until ALL items are returned.
- The first day of camp is Monday, June 21<sup>st</sup>. Physical forms are not valid which are dated before June 20<sup>th</sup>, 2009. This is a licensing guideline that I must adhere to.
- Everyone must complete and return an Automatic Payment Program form. Any questions about this payment program should be referred to Amy West @ 253-1947, ext 11 or [awest@thewisc.com](mailto:awest@thewisc.com).

Please direct all other questions to me @ 253-1947 ext. 17, 757-645-6847 or [kwalker@thewisc.com](mailto:kwalker@thewisc.com) or you may contact Steve Russell @ 253-1947 ext. 15, 880-1362 or [srussell@thewisc.com](mailto:srussell@thewisc.com).

Thank you,

Kristy Walker



## Preschool /Rising Kinder Summer Camp 2010 Enrollment Checklist

- \_\_\_\_\_ Registration Application
- \_\_\_\_\_ WISC Waiver
- \_\_\_\_\_ Auto pay Form
- \_\_\_\_\_ Last page Policies and Guidelines
- \_\_\_\_\_ Photo Opt out Form
- \_\_\_\_\_ Birth Certificate copy
- \_\_\_\_\_ Current Immunization Record
- \_\_\_\_\_ Please check here if we have a Birth Certificate copy and Immunization Record from last school year.

# Summer Camp 2010 Enrollment Application

Please Check Camp: \_\_\_Preschool \_\_\_Rising Kinder

## Child's Information

Child's Name: _____	Date of Birth: _____	Age: _____
Child's Address: _____		
City: _____	State: _____	Zip: _____
Phone #: _____	Email: _____	
Sex: M F	Date of Enrollment: _____	Start Date: _____
Name of School/Center Child Previously Attended: _____		
<b>Program Enrollment:</b>		
<b>Full Day Enrollment (\$140.00) M-F _____ (Extended Care is included with full day enrollment for \$140)</b>		
<b>Half Day Enrollment (\$100.00) _____</b>		

## Parent's Information

Mother: _____
Home Address: _____
City: _____ State: _____ Zip: _____
Place Employed: _____ Business Phone: _____
Home Phone: _____ Cell Phone: _____
Father: _____
Home Address: _____
City: _____ State: _____ Zip: _____
Place Employed: _____ Business Phone: _____
Home Phone: _____ Cell Phone: _____
Person(s) or Agency that has legal Custody of Child: _____
Phone #: _____

## Emergency Information

Allergies or Intolerance to Food, Medication or other Special Needs: _____
_____
Child's Physician: _____ Phone #: _____

**Names & Address of Two People to Contact if Parents CANNOT be Reached**

Name: _____	Phone #: _____
Address: _____	City: _____ State/Zip: _____
Name: _____	Phone #: _____
Address: _____	City: _____ State/Zip: _____
Person(s) Authorized to Pick Up Child: _____	
Person(s) <b>NOT</b> Authorized to Pick Up Child*: _____	
* Appropriate paperwork such as custody papers shall be attached if a parent is not allowed to pick up the child.	

<b>Required Credit Card Number (An active credit card number is required to be on file at all times. Registration CANNOT be processed without this information.)</b>	
Account #: _____	Exp. Date: _____
Signature: _____	Three Digit Code: _____

**Deposit Requirement:** (Camp Deposits are applied toward last weeks of camp)

Full Day Preschool Camp (\$280) per camper \$\_\_\_\_\_ or Half Day Camp (\$200) per camper \$\_\_\_\_\_

**Payment Type:** VISA    MasterCard    Cash    Check # \_\_\_\_\_

**Agreements**

1. WISC Kid's Club agrees to notify the parent/guardian whenever the child becomes ill and the parent/guardian will arrange to have the child picked up as soon as possible if so requested by the center.
2. The parent/guardian authorizes WISC Kid's Club to obtain immediate medical care if any emergency occurs when he/she cannot be located immediately.
3. The parent/guardian agrees to WISC Kid's Club's rules and regulations as described in the policy guidelines.
4. The parent/guardian agrees to inform the center within 24 hours or the next business day after his/her child or any member of the immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.

The parent/guardian acknowledges that once this completed application is turned in to Kids Club Preschool and processed, there will be a cancellation fee of \$280.00 should you withdraw your child from the program at any time and for any reason.

**Signatures**

\_\_\_\_\_  
**Parent or Guardian** \_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Director** \_\_\_\_\_  
**Date**

**Date Child Entered Kid's Club:** \_\_\_\_\_ **Date Child Departed Kid's Club:** \_\_\_\_\_

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**Office Use Only – Identity Verification**

Place of Birth: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Birth Certificate Number: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Director Signature: \_\_\_\_\_

Proof of the child's identity and age may include a certified copy of the child's birth certificate, birth registration card, notification of birth (hospital, physician or midwife record), passport, a copy of the placement agreement or other proof of the child's identity from a child placing agency, record from a public school in Virginia, or certification by a principal or his designee of a public school in the U.S. that a certified copy of the child's birth record was previously presented. Viewing the child's proof of identity is not necessary when the child attends a public school in Virginia *and* the center assumes responsibility for the child directly from the school (i.e. after school program) or the center transfers responsibility of the child directly to the school (i.e. before school program). While programs are not required to keep proof of the child's identity, documentation of viewing this information must be maintained for each child.

**WAIVER AND RELEASE**  
**Williamsburg Indoor Sports Complex**

I intend to use or participate in some or all of the activities, facilities, equipment, programs and services offered at or by Williamsburg Indoor Sports Complex LLC ("WISC"). WISC's facilities are below referred to as "the WISC".

1. In consideration of gaining membership or being allowed such use or participation at WISC, in addition to the payment of any fee or charge, I do hereby waive, release and forever discharge WISC and its owners, officers, agents, employees, representatives, executors, successors and assigns from any and all responsibilities or liability for injuries or damages resulting from any participation in any aspect of any activities or programs or my use of equipment or machinery in WISC's facilities or arising out of any activities or events occurring at the WISC.

Please Initial \_\_\_\_\_

2. I understand and am well aware that strength, flexibility, fitness, exercise and sports activities, including the use of equipment, is potentially hazardous and there is the risk of injury and even death. I also understand that everyone (including myself) has a different capacity for participating in physical activities. I am also aware that all activities, facilities, programs and services at the WISC are educational, recreational, social, or self-directed in nature. Knowing that, I agree that my participation in any and all of the activities at WISC is strictly voluntary and has not been requested or required by WISC. I further agree that my participation in any and all of the activities at WISC is at my own risk and that I assume any and all risk of injury, illness, damage or loss that might result. I also agree to assume all risk of damage, loss or theft to or of any of my personal property.

Please Initial \_\_\_\_\_

3. I hereby declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity or other illness that would prevent my participation in any of the activities at the WISC. I acknowledge that I have either had a physical examination and have been given a physician's permission to participate in these activities, programs, facilities and services at the WISC, or that I have decided to participate without the approval of my physician. Accordingly, I do hereby assume all responsibility for my participation in such activities, programs, facilities and services, as well as for my use of any and all equipment and machinery in connection with them.

Please Initial \_\_\_\_\_

4. Finally, I understand that the activities, facilities, equipment, programs and services offered at the WISC may sometimes be conducted by persons who may not be knowledgeable, licensed, certified or registered instructors or professionals. I accept the fact that the skills and competencies of WISC employees, agents, representatives or volunteers will vary according to their training and experience. I also understand that no claim has been or is being made by WISC to offer assessment or treatment of any mental or physical disease or condition by those who are not duly licensed, certified or registered and employed by WISC to provide such professional services.

Please Initial \_\_\_\_\_

**PARENT/GUARDIAN-CHILD AGREEMENT:** I am hereby giving my consent and permission for my child/children \_\_\_\_\_ (print names) to be an active member of the WISC and to participate in the activities and programs for which they are registered. I understand that under certain circumstances they will be able to workout or participate in activities without direct supervision. I acknowledge that I am responsible for their actions, and that if they are not demonstrating proper usage of machines, facilities or equipment or exhibiting proper behavior, they will face appropriate disciplinary actions. I understand that WISC's is a family atmosphere and that my child/children need my support, motivation, encouragement and supervision to succeed in a fitness or sports program, and I agree to provide it.

Member's Signature \_\_\_\_\_ Date \_\_\_\_\_

WISC Representative \_\_\_\_\_ Date \_\_\_\_\_

# Preschool/Rising Kinders

## AUTOMATIC PAYMENT PROGRAM

### ENROLLMENT FORM

#### 2010 Summer Camp

Child's Name \_\_\_\_\_

**Credit Card Authorization:** I agree to allow WISC Kids Club, to charge the credit card number listed below for my child's tuition/fees. If at any time I wish to terminate this agreement, I will notify WISC in writing. I understand this information will be kept in a secure location and will be shredded upon the completion of the 2010 Summer Camp.

Card Number \_\_\_\_\_ Exp Date \_\_\_\_\_ 3 Digit Code \_\_\_\_\_

Name as it appears on account/Card \_\_\_\_\_

**WISC Checking Account draft:** I agree to allow WISC Kids Club, to draft payments from the account below. Attached is a voided check for the account I wish to be drafted. If at any time I wish to terminate this agreement, I will notify WISC in writing. I understand this information will be kept in a secure location and will be shredded upon the completion of the 2010 Summer Camp.

Checking account # \_\_\_\_\_ Routing # \_\_\_\_\_

Name as it appears on account/Card \_\_\_\_\_

Banking Branch \_\_\_\_\_

Tuition Amount: \_\_\_\_\_ \$140.00 per Week (Full Day)  
\_\_\_\_\_ \$100.00 per Week (Half Day)

Tuition will be charged a week at a time.

Signature \_\_\_\_\_ Date \_\_\_\_\_

***Note: WISC Kids Club accepts MasterCard and Visa only.***

# PHOTO OPT OUT FORM

Dear Parents:

On various occasions (special events/activities, celebrations, guest speakers, curriculum based activities...) the staff of WISC Kids Club will take photographs of the children. The photographs may be used within the center for special projects, on the school website, as well as in various media publications. If you wish for you child NOT to have their photograph taken, please sign and return this form to the Kids Club Director or your child's teacher. (If this form is not received back it is assumed that it is okay to photograph your child.)

\_\_\_\_ I **do not** give permission for my child, \_\_\_\_\_, to be photographed. I understand that there may be certain projects/activities that my child may not be included in or that may be altered for my child based on this request.

\_\_\_\_\_  
(Parent/Guardian's Signature)

\_\_\_\_\_  
(Date)

**WISC Summer Camp Blanket Permission Slip  
(Sunscreen, Photography, Medical Treatment)**

***Sunscreen:***

I give permission for my child to wear sunscreen. The Kids Club Staff have permission to apply the sunscreen to my child. (Please clearly label the sunscreen with your child's name.)

\_\_\_\_\_

(Parent/Guardian's Signature)

\_\_\_\_\_

(Date)

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***Field Trips (for Rising Kinders): You do not need to sign if your child is attending weekly sports camps***

I give permission for my child/children to participate in field trips through the WISC. I understand I will be notified of trips ahead of time and have the option to withdraw my child from the planned trip if I so desire.

\_\_\_\_\_

(Parent/Guardian's Signature)

\_\_\_\_\_

(Date)

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***Medical:***

In the event of an emergency, I give permission for WISC Staff/Volunteers to seek appropriate medical attention.

\_\_\_\_\_

(Parent/Guardian's Signature)

\_\_\_\_\_

(Date)

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Please provide name and phone numbers of two people to contact in the event of an emergency.

Name \_\_\_\_\_ Phone #: \_\_\_\_\_

Name \_\_\_\_\_ Phone #: \_\_\_\_\_

# Kids Club Preschool/Rising Kinders 2010 Summer Camp Policies and Guidelines

## I. Camp Checklist:

- . Change of Clothing
- . Vinyl Mat
- . Small Blanket
- . Lunch w. drink and utensils if needed
- . AM snack w. drink
- . PM snack w. drink
- . Enrollment Form
- . Birth Certificate
- . Immunizations/Physical
- . Liability Waiver
- . Deposit

## II. Tuition:

Full Day Tuition - \$140.00 per week Half Day Tuition - \$100.00 per week 9:00am-12:30pm

(1 week vacation per camper @ no charge. For scheduling purposes, please notify me @ [kwalker@thewisc.com](mailto:kwalker@thewisc.com) or Steve Russell @ [srussell@thewisc.com](mailto:srussell@thewisc.com) 2 weeks in advance of your chosen vacation week or call 253-1947 ext. 17 or 15.

- There are two payment options for camp tuition:
  1. Automatic credit/debit drafting. You must complete, sign and return an "Automatic Payment Program" form with you account information.
  2. WISC ACH draft. You must complete, sign and return and "Automatic Payment Program form with a VOIDED check.

*If either of these options is not possible, please contact Amy West in our accounting office @ 253-1947 ext.11 or @ [awest@thewisc.com](mailto:awest@thewisc.com).*

**Full tuition is due, regardless of attendance.**

- For identity theft purposes, Kids Club destroys all records of card numbers at the end of each program. (Preschool, Before & After, Summer Camp, etc) therefore any previous credit card numbers that have been obtained cannot be utilized for this automatic payment program.
- Camp deposits are applied to the last two weeks of camp.
- Any accounts delinquent more than 30 days will be dropped from the program, unless the matter has been brought to the Director, and the Director approves the continuation of enrollment.
- Any insufficient fund checks will be assessed a \$30.00 service charge.
  
- If a checking account is deemed insufficient twice during the camp season, the camper's enrollment will terminate immediately.
- If a child leaves or is terminated from the program prior to September 2<sup>nd</sup>, a \$200.00 cancellation fee will apply.

Sibling Discounts - For families with more than 1 child enrolled in camp, a 10% discount will apply to each additional child. If you have a child enrolled in the School Age summer camp, the 10% discount will apply towards the child(ren) in the School Age Summer Camp.

### III. Calendar:

Summer camp will begin on **Monday, June 21<sup>st</sup>** and will end on **Thursday, September 2<sup>nd</sup>**. Please note that camp is ending on a Thursday, in order for the staff to finalize preparations for the upcoming school year.

Camp sessions include:

Full Day - 9:00 AM - 4:00PM

Half Day - or 9:00AM - 12:30PM

\* Extended care is available for full day campers from 7:00AM - 6:00PM.

Camp starts **promptly** at 9:00AM! Please be sure to have your child here **by 9:00AM**. We have many exciting activities planned. Therefore tardiness to camp may result in your child not being able to participate in all of our fun activities and events.

### Field Trips (Rising Kinders only):

Field trips are a part of the camp experience for Rising Kinders. If you prefer your child not participate in a specific field trip, you will need to sign an "opt out" list located at the sign in/out desk. *Parents are welcome to accompany their children on field trips.* Space on the WISC vans is limited to campers and staff only. Parents must provide their own transportation to and from the destination. If a fee is involved, the parent must pay their own admission. On Field Trip days, please be sure to have your child here **30 minutes prior to departure time**. We must adhere to our field trip scheduled times; therefore tardiness to camp may result in your child not being able to participate in the planned trip for that day.

### IV. Refund Policy:

No refunds and/or credits for deposits or missed camp weeks will be given. Camps will not be prorated. Deposits are non-transferable.

V. **Vacation Policy:** One week of vacation will be honored if submitted **in writing, two weeks prior to the requested vacation week.**

### VI. Attendance:

Daily attendance records are retained and filed per State licensing requirements. Regular attendance is encouraged unless a child is ill. Camp starts **promptly** at 9:00AM! Tardiness to camp will result in your child not being able to participate in all of our activities and events.

If symptoms of illness are present we ask that you please keep your child at home. Please notify the center if your child contracts a contagious disease.

The following are guidelines:

- a. Any child having a fever, diarrhea, rash, severe cold or flu must remain at home.
- b. A courtesy call to the center if your child will be absent is appreciated.
- c. If a planned absence is scheduled, please notify the Director in advance.
- d. Children must be free of fever, vomiting and/or diarrhea for 24 hours before returning to the program

There will be a required pickup if a child experiences:

- a. A temperature over 100 F in the past 24 hours
- b. Recurrent diarrhea or vomiting
- c. Contagious disease

**For the safety of all campers if your child is sent home from camp due to illness, they will not be eligible to attend camp the following day. They must be symptom free for 24 hours prior to returning to camp.**

## VII. Arrivals and Departures:

### Arrival for Campers

- a. Camp begins promptly at 9:00am
- b. Children must be accompanied to school and signed in on the attendance sheet
- c. Please monitor children in parking lot.
- d. Please do not leave your child unattended.

### Departure for Preschool Campers

- a. Parent/Guardian must sign child out on the attendance sheet
- b. Anyone other than the usual person picking up child; he/she must be accompanied with a signed note and must be listed on enrollment application. A child will only be released to the authorized persons stated on their enrollment form.
- c. All messages concerning changes in drop off or pick up **MUST be communicated in writing.**
- d. Check child's cubby for important notices/paperwork daily as well as parent information board.
- e. Please monitor children in parking lot
- f. Once your child is signed out of camp, please do not leave child unattended.

## VIII. Rest Time for Preschool Campers:

A rest period will occur in a designated area for children enrolled in our preschool camp. Each child is required to provide his/her own mat. Please do not send in oversized mats (exercise mats, yoga mats, etc.) or fabric mats as we are not able to sanitize those types of mats daily. We ask that your child's mat be VINYL and not more than 1 ½ inches thick. Please send in a small blanket for your child to sleep with. Due to space restrictions, no large items (sleeping bags, pillows, etc.) are permitted. Due to licensing requirements, no stuffed animals are permitted.

**IX. Snacks/Lunches:** Our camp has a morning and afternoon snack time built into its schedule. Please plan healthy, nutritious snacks for your child. We encourage fruits, vegetables, and baked goods. Please try to avoid "junk food". We ask that you not send in sippy cups for drinks as there is no way to store and prevent spills. Juice boxes are preferred. Please do not send in anything that needs to be heated or refrigerated, as we do not have these capabilities. Be sure to include plastic utensils for your child if needed.

**Please inform the Kids Club Director of any food allergies your child may have.**

## X. Report to the Teacher/Camp Counselor:

1. Illnesses and/or contact with communicable diseases, including but not limited to:
  - A. Chicken pox
  - B. Conjunctivitis
  - C. Fifth's disease
  - D. Impetigo
  - E. Head lice
  - F. Strep
- 1 Unusual circumstances which would affect behavior (i.e. death or change in the family, over-tiredness, etc.)
- 2 Doctor's written permission for a child with an unusual illness or injury to participate in school activities.

Policies have been developed to protect the health and promote the safety of all students while they are at WISC Kids Club.

## XI. Medical/Illness:

When your child feels sick, it is best to stay at home. If your child is well enough to come to school, they are expected to participate in all activities. The exception to this may be a physical education activity when a child has an injury preventing participation. Please see Attendance VI for more information.

Any medication prescribed by a doctor must be in its original container and must be accompanied by an Authorization to Give Medication Form (you can obtain this form from your child's teacher or me). The medicine must have your child's name on it. Any medication that needs to be administered for more than 10 days will require a note from a physician. All medications will be locked in a cabinet located in the Director's office. All medicines must be signed

in/out with the Director in the "Medication Log" located in the Directors office. Only the Director and other certified staff will administer medicines to campers. Each dose administered will be kept in a log located in the Directors office.

**XII. Neglect or Suspected Abuse/Neglect:**

Kids Club staff is responsible to report any suspected abuse or neglect to the Department of Social Services.

**XIII. Injury/Emergency Policy:**

Kids Club will take every precaution to prevent accidents, but in case an accident or injury occurs all situations will be documented using the Injury Report Form and a copy will be provided to the parent/guardian.

- 1 The child's parent will be notified immediately by the program director if a child has a serious injury, or any medical concerns that need emergency care.
- 2 A child's parent will be notified by the end of the day if the child has had any minor injuries.

**XV. Discipline/Behavior Policy:**

WISC Kids Club believes that a consistent, loving and caring relationship between the teachers and children will yield/foster appropriate, positive behavior. Positive reinforcement for good behavior and careful explanation of unacceptable behavior are general discipline techniques utilized by WISC Kids Club. Children may be denied an activity and redirected to an alternate activity for repeated poor behavior. If inappropriate behavior continues the child/children may be removed from the group.

If negative/inappropriate behavior continues we will implement the following:

1<sup>st</sup> step - immediate dismissal from camp with a one day suspension

2<sup>nd</sup> step - One week suspension

3<sup>rd</sup> step - Removal from program

If a child is removed from our program all tuition/registration fees/deposits are nonrefundable. A cancellation fee will also apply.

**XVI. Dismissal of Child from Program:**

The Director shall have the power to dismiss any child from camp for any one of the following reasons:

- a. Evidence of unwillingness to assume participation, as stated in the Registration Form and Policies & Procedures, on the part of parent(s)/guardian(s).
- b. Failure on the part of the parent(s)/guardian(s) to meet all financial obligations as stated on the Registration Form and Policies & Procedures.
- c. Inability of the child to adjust to the school/camp situation. This decision will be made after observation and evaluation of the child in a school/camp setting as well as parental involvement.

As a result of this decision, no refund will be given for tuition/fees/deposits and a cancellation Fee will apply.

## **XVII. Zero Tolerance Policy for Fighting and Assaults:**

### Definitions:

**Assault** - verbal or physical attack of one person or a group of persons upon another who does not wish to engage in the conflict and who has not provoked the attack or threatening to assault.

**Fighting** - aggressive, hostile bodily contact with classmates

### **Policy**

The goal of this Zero Tolerance Policy is to provide a safe, cooperative environment for students and staff at WISC Kids Club. No one should be afraid of physical or emotional harm. Fighting, assaults or solving interpersonal problems with physical or verbal violence or disrespect will not be tolerated. We solve problems through discussion and compromise. Natural consequences for violating this policy include time out, notification of parents and suspension from school.

**Please read, sign and return the statement below:**

I have read and understand all the policies and guidelines set by the Kids Club Summer Camp Program. I also agree to uphold these policies and guidelines. I also understand that I am responsible for making sure my child is aware and understands these policies and guidelines as well.

Child's name: \_\_\_\_\_

Parent's signature: \_\_\_\_\_

Date: \_\_\_\_\_