

Wheatland Salem Christian Academy

Summer Themes for Academic Readiness

Child's Last Name _____ First Name _____ Sex _____

Home Phone# _____ DOB ____/____/____ Age at the start of camp _____

Street Address _____ City _____ Zip _____

Mother/Guardian _____ Cell # _____ Current Student? _____

Father/Guardian _____ Cell# _____ Yes / No _____

Persons to contact in an emergency if parent/guardian are unavailable (Please make sure your child is comfortable with this person):

1) Name _____ Address _____ Phone _____

2) Name _____ Address _____ Phone _____

Persons/Carpool Drivers Authorized to Pickup your child:

1) Name _____ Address _____ Phone _____

2) Name _____ Address _____ Phone _____

Persons **Not** Permitted to Pickup Your Child _____

Physician's Name _____ Address _____ Phone _____

Please Explain If Your Child Has Any Of The Following:

Medical Problems _____

Allergies / Food Restrictions _____ Epi-pen? YES or NO

Restrictions for Play _____

****** 2017 SUMMER SESSIONS - NO REFUNDS AFTER JUNE 1, 2017 ******

Session (please circle)	Start and End Session Dates	Cost
One	6/5 to 6/8/17 "Camping Fun" <i>**No camp the week of 6/12**</i>	\$95.00
Two	6/19 to 6/22/17 "Jungle Safari"	\$95.00
Three	6/26 to 6/29/17 "Travel the World" <i>**No camp the week of 7/3**</i>	\$95.00
Four	7/10 to 7/13/17 "Outer Space"	\$95.00
Five	7/17 to 7/20/17 "At the Beach "	\$95.00
Six	7/24 to 7/27/17 "Summer Science"	\$95.00

Date _____

Amount Received _____

Check # _____

AUTHORIZATION

I hereby authorize the staff of Wheatland Salem Christian Academy to give consent for any necessary care for my child _____ while he/she is in their care and the parent or guardian cannot be reached. I also agree to pay all of the costs and fees contingent on any emergency medical treatment for my child as secured and authorized under this consent.

Signed _____ Date ____/____/____

- I understand that this is a Christian School with religious emphasis as part of the activities.
- I understand that Wheatland Salem is not responsible for my child until he/she has been placed in the personal care of a teacher or after the child has been personally placed into the hands of the person picking up the child from the school. At those times it is the responsibility of the parent or guardian.
- Permission is given for a qualified member of the staff to administer first aid to my child should he/she become ill or injured.
- Permission is given for classroom pictures of my child to be taken for classroom and building use, brochures*, WSCA website* and all other forms of communication*. (*no names will be used)

- I understand the tuition policies and that no refunds will be given after June 1, 2017.

Signed _____ Date ____/____/____

CHILD'S DEVELOPMENTAL HISTORY

Age Began: Talking _____ Walking _____

Speech concerns: Yes / No If yes, please explain: _____

Developmental concerns: Yes / No If yes, please explain: _____

Previous assessments or screenings? Yes / No If yes please explain: _____

Previous classroom experience: Yes / No If yes, please describe: _____

List your child's favorite activities: _____

Describe your child's temperament: _____

State of Illinois Department of Children and Family Services

VERIFICATION OF RECEIPT

I / We, _____ Parent/Guardian of _____, hereby certify
Please Print Parent /Guardian Name(s) *Child's Name*

that I/we have received a copy of summary of licensing standards and other materials published by the Illinois Department of Children and Family Services

Signature(s) of Parent/Guardian Date

I/We have read, understand, and agree to the Wheatland Salem Christian Academy program and discipline policies, as contained in the 2017 Summer Policies and Program Information, concerning the care of my/our child.

Parent/Guardian Signature _____ Date ____/____/____