



# "Go X-Treme!"

## Camp White Rock North SUMMER 2018

CAMPERS ENTERING GRADES 1 ~ 6

CAMPER'S NAME: \_\_\_\_\_

### CAMPER INFORMATION

NEW CAMPERS must submit IMMUNIZATION RECORD, DR.'S LETTER OF PARTICIPATION, APPLICATION & ALL FEES.

| Camper's Name | DOB | AGE | GENDER | GRADE IN FALL 2018 | SCHOOL | SHIRT SIZE |
|---------------|-----|-----|--------|--------------------|--------|------------|
|               |     |     |        |                    |        |            |

Briefly describe your camper & give details that would assist our staff in becoming acquainted with him/her (personality, appearance, hobbies, etc.) \_\_\_\_\_

Has your child been dismissed, suspended from or denied re-admission to a camp or school for any reason? \_\_\_\_\_  
If yes, please explain: \_\_\_\_\_

Please list any pertinent information concerning any special needs the camper has (ie: physical challenges, allergies, medications, etc) \_\_\_\_\_

### PROGRAM OPTIONS (SELECT ONLY ONE)

| ____ PROGRAM 1 (FULL SUMMER)                          | CAMP DATES   | ____ PROGRAM 2 (WEEKLY PROGRAM)<br>SEE SCHEDULE BELOW |
|---|--------------|---|
| Activity Fee (includes some field trips):<br>\$200.00 |              | Activity Fee (includes some field trips): \$150.00    |
| June Tuition: \$950.00                                | June 04~29   | Tuition (per 2 weeks): \$750.00                       |
| July Tuition: \$950.00                                | July 2~Aug 3 | Additional Weeks Added \$375.00                       |
|   |              | <b>Weeks DO NOT have to be consecutive.</b>           |

**ALL CAMPERS WILL RECEIVE A FREE CAMP SHIRT TO BE WORN ON FIELD TRIPS & FOR ACTIVITIES.**

**\*\*ALL WEEKS SELECTED MUST BE PAID FOR UPON ENROLLMENT\*\***

### PROGRAM 2 (SELECT WEEKS CAMPER WILL BE ATTENDING)

**ALL WEEKS SELECTED MUST BE PAID FOR UPON ENROLLMENT.**

**A \$50 CANCELLATION FEE WILL APPLY TO WEEKS CANCELLED WITHIN 2 WEEKS PRIOR TO DATE OF ENROLLMENT**

**REFUNDS WILL BE ISSUED TO CARD ON FILE BY 8/31/18**

|                 |                 |                     |
|-----------------|-----------------|---------------------|
| ____ June 04~08 | ____ *July 2~3  | ____ July 30~ Aug 3 |
| ____ June 11~15 | ____ July 9~13  | ~~END OF CAMP~~     |
| ____ June 18~22 | ____ July 16~20 |                     |
| ____ June 25~29 | ____ July 23~27 |                     |

**\*CAMP WILL BE CLOSED JULY 4~6 IN OBSERVANCE OF INDEPENDENCE DAY. CAMP ENDS AUGUST 3.**



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### PARENT INFORMATION

#### PARENT 1

|         |                    |        |          |
|---------|--------------------|--------|----------|
| NAME    | CELL#              | WORK # | HOME #   |
| EMAIL   | EMPLOYER/ POSITION | DL#    | ST       |
| ADDRESS | CITY               | STATE  | ZIP CODE |

#### PARENT 2

|         |                    |        |          |
|---------|--------------------|--------|----------|
| NAME    | CELL#              | WORK # | HOME #   |
| EMAIL   | EMPLOYER/ POSITION | DL#    | ST       |
| ADDRESS | CITY               | STATE  | ZIP CODE |

#### MARITAL STATUS:

Married  Single  Divorced  Remarried  
 Partners  Widowed

#### ETHNICITY (optional):

White  Hispanic  African American  Native American  
 Asian/Pacific  Mid-Eastern  Other

Camper lives with: \_\_\_\_\_ If other than parents, please explain: \_\_\_\_\_

Do you have legal paperwork, regarding the custody/visitation arrangements of the camper? \_\_\_\_\_ If yes, an official copy must be provided with the camper's application.

### CAMPER SECURITY & EMERGENCY INFORMATION

SECURITY PASSWORD: \_\_\_\_\_

Changes to this list must be made in writing. Phone calls will not be accepted.

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

|      |       |        |        |
|------|-------|--------|--------|
| NAME | CELL# | WORK # | HOME # |
| NAME | CELL# | WORK # | HOME # |
| NAME | CELL# | WORK # | HOME # |

#### Emergency contacts that may pick up your camper (must present a valid driver's license)

|      |       |        |        |
|------|-------|--------|--------|
| NAME | CELL# | WORK # | HOME # |
| NAME | CELL# | WORK # | HOME # |
| NAME | CELL# | WORK # | HOME # |



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SUMMER 2018

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CAMPER'S NAME: \_\_\_\_\_

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

Child's Physician: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Physician's Address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

## 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 Expire

## EMERGENCY CONTACTS

**ALL INFORMATION IS REQUIRED AND MUST BE COMPLETED.**

|                         |            |             |        |
|-------------------------|------------|-------------|--------|
| PHYSICIAN PRACTICE NAME | PHYS. NAME | PHYS. PHONE | EMAIL  |
| PHYSICIAN'S ADDRESS     | CITY       | STATE       | ZIP    |
| NAME                    | CELL#      | WORK #      | HOME # |

|                       |              |        |         |
|-----------------------|--------------|--------|---------|
| PARENT 1 NAME         | CELL #       | WORK # | HOME #  |
| PARENT 2 NAME         | CELL #       | WORK # | HOME #  |
| OTHERS TO BE NOTIFIED | RELATIONSHIP | CELL#  | OTHER # |
| ADDRESS               | CITY         | STATE  | ZIP     |



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CAMPER'S NAME: \_\_\_\_\_

Please list any allergies, reactions to medications or special health alerts: \_\_\_\_\_

### FINANCIALS

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

Type of Card: VISA\_\_\_\_ MASTERCARD\_\_\_\_ AMERICAN EXPRESS\_\_\_\_ DISCOVER\_\_\_\_

|                      |        |           |                   |
|----------------------|--------|-----------|-------------------|
| NAME ON CARD         | CARD # | EXP. DATE | CVC/SECURITY CODE |
| CARD BILLING ADDRESS | CITY   | STATE     | ZIP               |
| NAME                 | CELL#  | WORK #    | HOME #            |

Signature of Financially Responsible Party: \_\_\_\_\_ Date: \_\_\_\_\_

Please clearly print your name: \_\_\_\_\_

### THE FINE PRINT

- 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 contact the camp office.
- We have the right to deny service to any child. In the event of a behavioral infraction, campers may be held from attendance at a field trip or activity. There will be no reduction in tuition for time taken for vacation.
- 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, 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 or credits for holidays, family vacations, school closings or illness.
- I understand that if my tuition 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 school administration. I understand that 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 \$10.00 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. Cash payments are not accepted for any fees.
- I realize that Camp White Rock North concludes on **3 August 2018**. 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 School will be closed from **6 August to 10 August 2018**, to prepare for the next school year.
- The school reserves the right to request the camper's withdrawal from the program, if after consultation of all parties concerned, at the sole



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discretion of the school's administration, the camper's conduct demonstrates disharmony with the school's policies or standards.

White Rock North School accepts all students regardless of race, sex, color, or religion.