



"Slide Into Summer"

ENTERING EARLY CHILDHOOD~KINDERGARTEN

**CAMP WHITE ROCK NORTH
SUMMER 2019**

CAMPER'S NAME _____

Infant/Toddler Activity Fee: \$50.00

Preschool Activity Fee~ \$70.00

**Prekindergarten Activity Fee~ \$85.00
(includes activities & some field trips)**

STUDENTS ENTERTING:

INFANTS & TODDLERS	PRESCHOOL~2	PRESCHOOL~3	PREKINDERGARTEN
Monthly Tuition: \$1355.00	Monthly Tuition: \$1335.00	Monthly Tuition: \$1205.00	Monthly Tuition: \$1185.00

CAMPER INFORMATION

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

Camper's Name	DOB	AGE	GENDER	GRADE IN FALL	SCHOOL ATTENDED

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)

CAMP WILL BE CLOSED JULY 4~5 IN OBSERVANCE OF INDEPENDENCE DAY. CAMP WILL BE CLOSED AUGUST 5~9.

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: _____ ETHNICITY: _____

Camper lives with: _____ If other than parents, please explain: _____

Do you have legal paperwork, regarding the custody/visitation arrangements of the camper? _____ If yes, a copy must be provided.



CAMPER SECURITY/ EMERGENCY INFORMATION/ MEDICAL RELEASE

In order to meet all legal requirements, I hereby authorize the White Rock North School administrators and teachers consent for any and all necessary emergency medical care for my child, _____ while the school's 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 Stamp here)

Notary Public in and for Dallas County, Texas

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

PHYSICIAN NAME	PRACTICE NAME	PHYS. PHONE	EMAIL
PHYSICIAN'S ADDRESS	CITY	STATE	ZIP

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

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 #



ACTIVITY RELEASE

I () give () do not give, my child permission to be transported and supervised by the WRNS staff: () on field trips, () to and from school and () to and from home in White Rock North School's vehicles.

I () give () do not give my child permission to participate in water activities: () splashing pools, () wading pools, () swimming pools, () other bodies of water provided by the school, permission to participate in other physical activities, i.e.: () skating, () swimming and () outdoor play.

I give permission for my child to participate in all on-site school activities and events, unless I give notification otherwise.

_____ Date

_____ Signature of Parent/Guardian

ADVERTISING RELEASE

I grant White Rock North School and their advertiser, permission to use, publish, reproduce and copyright photographs or other likenesses of my child for advertisement purposes. Photographs may be included in whole or in part in connection with the school's advertising, such as the school's website, social media, magazine ads, new publications and brochures. I consent to all advertising and publications by White Rock North School. I further permit the school to distort, retouch, alter, blur or create and optional illusion in pictures made in connection herewith. **I understand that for security reasons, my child's name WILL NOT be used in connection with such ads, unless my permission is given.**

_____ Date

_____ Signature of Parent/Guardian

THE FINE PRINT

Please initial each box to show you have read, understood and will comply with each statement, and sign at the bottom.

- 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.
- 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. Cash payments are not accepted for any fees.
- 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, 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 realize that Camp White Rock North concludes on **2 August 2019.** 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 **5 August to 9 August 2019,** to prepare for the next school year. White Rock North School accepts all students regardless of race, sex, color, or religion.

Signature of Financially Responsible Party: _____ Date: _____

Please clearly print your name: _____

