



## **Westminster Academy® Pre-K Summer Camp 2011**

Registration for the 2011 Pre-K Summer Camp Program is now open! We are looking forward to fun-filled time together at Westminster Academy®. The Pre-K Camp is enrolling children turning two before September 1, 2010 or students exiting a Pre-K 3 or Pre-K 4 program at their school. The Pre-K camp is located at Coral Ridge Presbyterian Church in the Early Childhood area. All summer activities will remain on campus for two year-olds. Campers in the Pre-K 3 and Pre-K 4 programs participate in local, age-appropriate field trips. Pre-K Camp activities include daily swimming lessons, a Bible-based curriculum, story time, cool cooking activities, science exploration, outdoor picnics, indoor and outdoor playtime, and more! After a morning full of activities, our full-day campers will nap (or rest) after lunchtime while listening to quiet music. Camp fees include swimming lessons, healthy snacks and lunch.

***Please contact the Lower School Office with any questions at 954-771-4615, ext. 2512.***

*\*PLEASE read all of the information included in this cover letter and on the application forms carefully. PLEASE be sure to fill out all of the information requested on the application forms.*

### **Camp Hours and Dates**

**Full-Days 8:00 a.m. to 3:00 p.m.**

**Half-Days 8:00 a.m. to 12:00 p.m. (includes lunch)**

**Session 1: May 31 – June 10**

**Session II: June 13 – July 8**

**Session III: July 11 – July 29**

(Camp is closed on both Monday, May 30 and Monday, July 4.)

*\*After-hour care will be provided until 6:00 p.m. daily for an additional flat rate charge of \$15.*

We look forward to providing your child with a fun and safe day-camp experience!

*Thank you!*

Westminster Academy® is a Christ-centered, biblically-based college preparatory school dedicated to equipping covenant students to excel by using their gifts and talents for God's glory.

# WA Pre-K Summer Camp Application

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  Male  Female

Age \_\_\_\_\_ Birthday \_\_\_\_\_ T-Shirt Size: Child SM Child Med Child Lg

Home address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

<b>PLEASE CHECK THE APPROPRIATE BOX FOR THE SESSION(S) DESIRED:</b>		
<b>Session I (2 weeks) May 31 to June 10</b>	<b>Session II (4 weeks) June 13 to July 8</b>	<b>Session III (3 weeks) July 11 to July 29</b>
<input type="checkbox"/> 5 Full days \$350.00	<input type="checkbox"/> 5 Full days \$760.00	<input type="checkbox"/> 5 Full days \$600.00
<input type="checkbox"/> 5 Half days \$260.00	<input type="checkbox"/> 5 Half days \$570.00	<input type="checkbox"/> 5 Half days \$450.00
<input type="checkbox"/> 3 Full days \$190.00	<input type="checkbox"/> 3 Full days \$440.00	<input type="checkbox"/> 3 Full days \$360.00
<input type="checkbox"/> 3 Half days \$140.00	<input type="checkbox"/> 3 Half days \$330.00	<input type="checkbox"/> 3 Half days \$270.00
<input type="checkbox"/> 2 Full days \$115.00	<input type="checkbox"/> 2 Full days \$280.00	<input type="checkbox"/> 2 Full days \$240.00
<input type="checkbox"/> 2 Half days \$85.00	<input type="checkbox"/> 2 Half days \$210.00	<input type="checkbox"/> 2 Half days \$180.00
<input type="checkbox"/> <b>CASA aftercare program 3 p.m. to 6 p.m. – flat rate \$15/daily</b>		

**PAYMENT OPTIONS:  
PLEASE MAKE CHECKS PAYABLE TO:  
Westminster Academy®  
5601 N. Federal Highway, Ft. Lauderdale, FL 33308**

**Please check the box that applies:**

Payment in full  Deposit for session (s) that child is attending

The deposit for Session I is \$150 *(The two full-day or half-day fees must be paid in full)*

The deposit for Session II is \$350 *(The two full-day or half-day fees must be paid in full)*

The deposit for Session III is \$200 *(The two full-day or half-day fees must be paid in full)*

**Balance must be received at least 3 weeks before each session begins.**

**MasterCard and Visa accepted.  
If using a credit card, please fill in all of the following:**

Print name as it appears on credit card: \_\_\_\_\_

Billing address if different from above: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Write the 3 or 4 digit number, following the card number, located on the back: \_\_\_\_\_

I hereby authorize Camp WA to charge the **DEPOSIT**(s) for my camper(s) in the amount of \$ \_\_\_\_\_ on \_\_\_\_\_ (date).

I hereby authorize Camp WA to charge the **BALANCE** on the appropriate dates outlined in the registration information.

**DO NOT CHARGE** my balance to my credit card. I will pay the balance by check.

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

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## Family Information and Releases (PLEASE PRINT CLEARLY)

Father's Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Work # \_\_\_\_\_ Cell # \_\_\_\_\_  
E-mail Address \_\_\_\_\_

Mother's Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Work # \_\_\_\_\_ Cell # \_\_\_\_\_  
E-mail Address \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Are there any custodial restrictions the camp should be aware of? If yes, please explain:

\_\_\_\_\_

### Local Emergency Numbers in Order of Importance:

1. \_\_\_\_\_  
**Parent/Guardian Home # Work # Cell #**

2. \_\_\_\_\_  
**Parent/Guardian Home # Work # Cell #**

3. \_\_\_\_\_  
**Other/Relationship Home # Work # Cell #**

4. \_\_\_\_\_  
**Other/Relationship Home # Work # Cell #**

### RELEASE/WAIVER

I/We hereby **release, waive, discharge and covenant not to sue** Camp WA and Westminster Academy®, and any and all employees from liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by my child/legal ward, **whether caused by the negligence of the release**, or otherwise, while participating in athletic and camp activities, or while in, on, or upon the premises where the activities are being conducted or travel to and from camp. Camp WA is hereby granted permission to use any individual or group photographs taken at camp showing my child(ren) for publicity purposes. I hereby release Westminster Academy® from any responsibility or liability for any lost, stolen, or damaged personal property, which my child(ren) bring(s) to camp.

Signature of Parent/Guardian \_\_\_\_\_

Please indicate the insurance company and policy number under which your child is insured:

Company \_\_\_\_\_ Policy # \_\_\_\_\_

### Emergency Treatment Authorization:

I, \_\_\_\_\_, hereby approve emergency treatment by the hospital and/or physician for my child, \_\_\_\_\_. I will assume full financial responsibility for the bills incurred through my insurance company. I understand that Camp WA is NOT a peanut-free environment. My child is allergic to the following medications or has the following allergies, including food allergies:

\_\_\_\_\_

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