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Wings Stepping Stones Summer Camp

2019 Registration
A program designed for students entering Kindergarten

Child's Name _____ Mailing Address _____

Parent's Name _____

Student's School _____ Did your child attend PreK? YES NO

Phone # _____ Cell# _____

Parents email address: _____

Is there another adult who has permission to pick up our child in an emergency?

Name: _____ Phone # _____

Students Birthday: _____

☐ I give permission for photos of my child to be used in print and/or the internet:

☐ I give permission for pertinent information to be shared about my child (allergies, medical conditions, behavior or academic concerns) with the WINGS Site Coordinator, which will help keep my child's summer camp experience safe, successful and meaningful. All information will be kept strictly confidential.

Please check the dates of camp you want to enroll your child and if you want ½ day or full day option.

Week 1 (July 1-3)	8-4	Full Day <input type="checkbox"/>	8AM-12PM	Half Day <input type="checkbox"/>	(I will pick my child up at noon)
Week 2 (July 8 th – 12 th)	8-4	Full Day <input type="checkbox"/>	8AM-12PM	Half Day <input type="checkbox"/>	(I will pick my child up at noon)
Week 3 (July 15 th -July 19th)	8-4	Full Day <input type="checkbox"/>	8AM-12PM	Half Day <input type="checkbox"/>	(I will pick my child up at noon)
Week 4 (July 22 rd –July 26 th)	8-4	Full Day <input type="checkbox"/>	8AM-12PM	Half Day <input type="checkbox"/>	(I will pick my child up at noon)

Pricing Information*: The cost of camp is \$ 75 Full Day PER WEEK \$55 Half Day PER WEEK for Wilmington/Whitingham resident. \$90 Full Day per week and \$70 half day per week for residents of other towns. Discount available for multi children household. **Healthy lunch and breakfast provided free of charge.**

I am enclosing my check for : _____ amount.

*Please contact Katie at the Wings office to discuss partial scholarships or payment plans: 368-0000 or katieboyd.wings@gmail.com

REGISTRATION DEADLINE: Friday, June 21, 2019. Registrations are processed on a first come basis –

Mail Registration: Wings Programs c/o Halifax School 246 Branch Rd Halifax, VT 05358

STUDENT EMERGENCY/HEALTH INFORMATION FORM

Please make checks out to: Wings Community Programs

Please notify us of any information changes during the summer program. **Please Print!**

I acknowledge that I have been fully informed as to the nature of the activity and the provisions for my child's involvement and consent to my child's participation in the activity described in the registration documents.

In consideration of the permission granted to my child to participate in the above described activity by the School District, I release and hold harmless the School District, Wings Community Programs, the Windham Southwest Supervisory Union and its member Districts, and its and their agents, employees, and officers from any and all actions or causes of action of any nature for personal injury or property damage of any kind arising in any way from my child's participation in the above described activity. I further acknowledge that this release is binding on my heirs, successors or assigns, that I have read the foregoing and understand its significance and that I have executed this document voluntarily.

In case of accident or illness, I request Wings Community Programs to contact me. If I am unable to be reached, I hereby authorize Wings personnel to seek emergency medical care, including transportation to the emergency room. I hereby authorize the physician in charge to administer whatever emergency treatment is necessary at my expense.

I have signed this form on _____ (date) Parent/Guardian _____

Father/Guardian _____ Work Phone # _____

Place of Employment _____ Work Hours _____

Mother/Guardian _____ Work Phone # _____

Place of Employment _____ Work Hours _____

Any other numbers where you can be reached (Cell, pager, etc) _____

Please list two nearby relatives, neighbors, or friends who will assume temporary care of your child if you are unable to be reached.

Name _____ Name _____

Physical Address _____ Physical Address _____

Phone # _____ Phone # _____

Medications taken on a daily basis:

Drug

Dosage

Frequency

Allergies _____ **Asthma?** _____

Does your child require an Aid? _____

Does your child have a health problem, illness, or disability of which we should be aware?

Child's Doctor _____ Phone # _____

Child's Dentist _____ Phone # _____

Health Insurance _____ Policy # _____

I give permission for my child to use sunscreen: ☐ yes ☐ no Please apply sunscreen prior to your child's arrival at camp.

I give permission for my child to use bug spray: ☐ yes ☐ no

Please make checks out to: Wings Community Programs