



Summer Fun in the Branch! 2017 Summer Camp Registration Form

Camp Name	Ages/ Grades	Camp Time	Cost	Extended Day 12pm-3pm \$65	Afternoon Childcare 3pm-6pm \$50	Total Cost Per Week
Week 1: June 6 through June 9 (4 days)						
The Great Outdoors	Ages 3 - 6	9 am - 12 pm	150			
Michelangelo's Apprentices	Grade 1 - 6	9 am - 3 pm	210	Included		
Week 2: June 12 through June 16						
Astronomy Explorers	Ages 3 - 6	9 am - 12 pm	190			
Digital Creativity	Grade 1 - 3	9 am - 3 pm	250	Included		
Lego Robotics	Grade 4 - 6	9 am - 3 pm	275	Included		
College Essay Workshop	Grade 11	9 am - 1 pm	175			
Week 3: June 19 through June 23						
Lego Mania	Ages 3 - 6	9 am - 12 pm	190			
Westwood Staycation	Grade 1 - 6	9 am - 3 pm	325	Included		
Teen Camp (<i>Middle School-WW Students Only</i>)	Grade 7 - 8	9 am - 3 pm	325	Included		
Week 4: June 26 through June 30						
Music, Movement, and Drama	Ages 3 - 6	9 am - 12 pm	190			
Everyone Can Be A Mathematician!	Grade 1 - 6	9 am - 12 pm	125			
Business Kids and Entrepreneurs	Grade 1 - 6	12 pm - 3 pm	125	Included		
Teen Camp (<i>High School-WW Students Only</i>)	Grade 9 - 12	9 am - 3 pm	325	Included		
Week 5: July 5 through July 7 (3 days)						
Preschool Childcare	Ages 3 - 6	9 am - 3 pm	175	Included		
Elementary Childcare	Grade 1 - 6	9 am - 3 pm	175	Included		
Week 6: July 10 through July 14						
Bon Appetit	Ages 3 - 6	9 am - 12 pm	220			
Daring Girls and Dangerous Boys	Grade 1 - 6	9 am - 3 pm	250	Included		
House is Open (2 Week Camp)	Grade 8 - 12	9 am - 3 pm	625	Included		
Week 7: July 17 through July 21						
Around the World	Ages 3 - 6	9 am - 12 pm	190			
Writing Wizards	Grade 1 - 6	9 am - 3 pm	250	Included		
Intro to Ceramics	Grade 7 - 12	9 am - 12 pm	250	Included		
House is Open (2 Week Camp)	Grade 8 - 12	9 am - 3 pm	Included	Included		
Week 8: July 24 through July 28						
Princesses & Superheros	Ages 3 - 6	9 am - 12 pm	190			
Kid Nation	Grade 1 - 6	9 am - 3 pm	275	Included		
Discover France	Grade 1 - 6	9 am - 3 pm	250	Included		
ALPS Adventures	Grade 7 - 12	9 am - 3 pm	300	Included		
Week 9: July 31 through August 4						
Mini Med School	Ages 3 - 6	9 am - 12 pm	190			
Wizardry Camp	Grade 1 - 6	9 am - 12 pm	145			
Back-to-School Academic Refresher	Grade 1 - 6	12 pm - 3 pm	125	Included		

\$250 Deposit or Payment in Full if camp total is less than \$250 and \$25 per student registration fee must accompany this form.

****Enrollment in four or more weeks of summer camp requires a 50% payment on or before May 19, 2017, and a second payment by June 23, 2017.***

Subtotal \$ _____

+ Reg. Fee \$25.00 _____

Amount Paid: _____ Check Number if applicable: _____

Summer Total \$ _____

2017 Summer Fun in the Branch
Information and Release Form

This form is due three weeks prior to your child's camp start date.



Child's Name _____ FIRST _____ M.I. _____ LAST _____ Male Female
Birthdate _____ Grade in Fall 2016 _____ School _____

Address _____ STREET _____ CITY _____ STATE _____ ZIP _____

PRIMARY HOUSEHOLD

Parent/Guardian _____ Parent/Guardian _____
Daytime Phone _____ Daytime Phone _____
Cell Phone _____ Cell Phone _____
Email Address _____ Email Address _____
Driver's License # _____ Driver's License # _____
FOR PICK-UP AUTHORIZATION (Contact the Summer Director for additional pick-up authorizations)

ADDITIONAL HOUSEHOLD – PLEASE LIST ON SEPARATE SHEET

Child lives with: Both Parents Mother Father
*Divorce documentation must be on file. Primary custodial parent must inform the school in writing every day that the child should be released to the non-primary custodial parent.

STUDENT HEALTH INFORMATION

Check One: My child is a current Westwood student and the immunization record on file at The Westwood School is up-to-date.
 I will provide a current immunization record for my child's attendance in Westwood Summer Camps.

HEALTH CONDITIONS – Does your child have the following: (Additional information may be required. Allergy and Asthma Forms available online.)

Asthma Yes No Severe Allergies Yes No Please Specify: _____
If yes, an Asthma Plan is REQUIRED. If yes, a Severe Allergy Action Plan is REQUIRED.
Diabetes Yes No Seizures Yes No

Please list/describe any other health conditions, hospitalizations, daily medications, serious injuries, or other concerns: _____

Name of Child's Doctor _____ Phone Number _____ Address _____

EMERGENCY CONTACT (In the event that either parent cannot be reached, please provide an Emergency Contact that is not a parent of this child.)

Name _____ Relationship _____ Phone Number _____
Address _____ STREET _____ CITY _____ STATE _____ ZIP _____

AUTHORIZATIONS - The undersigned parent or guardian gives permission for all releases below.

RELEASE AND AUTHORIZATION TO PARTICIPATE IN WESTWOOD SUMMER CAMP
I give my consent for my child to participate in Westwood summer programs. I understand that by participating in Westwood Summer Camps, my child will be exposed to the risk of injury. I understand, acknowledge, and agree that The Westwood School does not assume responsibility in case an accident occurs. In consideration for my child being permitted to take part in such activities, I hereby agree to waive, release, indemnify, and hold harmless The Westwood School, its Trustees, Head of School, Administration, Faculty, Employees, Volunteers, together with all persons, including the parents of The Westwood School assisting with Westwood Summer Camps from any and all claims, suits, losses, damages, cause of action, expenses of litigation and/or settlement, or other liability by reasons of any accident or injury suffered by my child, which may arise in connections with this activity, whether or not caused by or alleged to be caused by the negligence of The Westwood School or any Release.

For value received and without further consideration, I hereby consent that all photography and video taken of my child at The Westwood School during school functions may be used in any manner, including online channels, by said school for purposes of illustration, advertising, or publication.

- Yes No I hereby give consent for my child to participate in water activities including splashing pools, wading pools, swimming pools, and other bodies of water.
- Yes No I hereby give my consent for my child to be administered Tylenol according to the directions on the bottle. For other medications, I will complete a Medicine Administration Form to provide written permission.
- Yes No In the event that I cannot be reached to arrange for emergency medical attention, I authorize the facility director or person in charge to obtain emergency medical care including taking my child to the closest medical facility for emergency care.
- Yes No I give permission to the staff of The Westwood School to apply Sunscreen and/or Diaper Rash Cream as needed to my child, if applicable.

I am financially responsible for payment based on this registration agreement, and I agree to pay all tuition and fees indicated on the Registration Forms. I have read the Westwood Summer Camp paperwork, and I agree to all terms on these forms.

Parent/Guardian Name _____

Signature _____ Date _____

TUITION

Express

ProCare Software

For Credit Card Authorization, complete and return to center management.

CREDIT CARD PAYMENT AUTHORIZATION

I (we) hereby authorize _____ (called "CENTER" in this Authorization) to initiate recurring credit card charges to the below referenced credit card account for the purpose of collecting childcare related payments. I (we) understand that the charges to the below referenced credit card account will be based on charges that are due and payable at the time of the credit card transaction. I (we) understand that this agreement is between myself (us) and the below referenced "CENTER". I (we) authorize CENTER to utilize Tuition Express* to capture, create, and transmit all credit card information. I (we) indemnify and hold harmless, Tuition Express from any and all liability resulting from any and all transactions. All disputes will be directed to and addressed by and between CENTER and the below signed cardholder. I (we) understand that to properly affect the cancellation of this agreement, I (we) are required to give CENTER written notice of revocation. A minimum of 5 business days is required to affect revocation.

PLEASE CONTACT CENTER REPRESENTATIVES FOR CREDIT CARD TYPES ACCEPTED BY CENTER.

Cardholder Name _____

Phone # _____

Cardholder Billing Address _____

Account Number _____

City _____

State _____

Zip _____

Expiration Date _____

Cardholder Signature _____

Date _____

*Tuition Express is an assumed business name of Blum Investment Group, Inc.

For Official Use Only:

Date Received: _____

Employee Signature: _____

Record Retention Notice: The child care provider shall retain all parent (client) authorization forms in a secure location for a period of two years from the date of client withdrawal from the Tuition Express™ program.