

John Wesley United Methodist Church Day School
626 Savannah Highway, Charleston, South Carolina 29407 (843) 766-3396

JWUMC Day School Summer Camps



_____ July 6-10 Science Camp
\$150 9:45 a.m.-1:00 p.m.

Create, explore, and pretend! Our scientists will explore the world around us with our five senses!

_____ July 13-17 Sports Camp 9:45 a.m.-1:00 p.m.
\$150 9:45 a.m.-1:00 p.m.

Through crafts, songs, and play your future athlete will explore all things sports!

The themes are the same for all classes, but will be differentiated to meet the appropriate age levels. We are a nut-free school, please pack a lunch. 😊

Children 18mo - 6 years are welcome to enroll. Class groupings will be based on enrollment. Younger classes: teacher/student ratio 1/8; Older classes teacher/student ratio 1/12.

Register for camp before April 3rd and get \$5 off per week.

We will have the ice cream truck come on Fridays. Please let us know if this doesn't work for your child.

Come have some fun with us this July!

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Family Information

Family Last Name: _____	Home Phone: _____		
Mailing Address: _____			
street	city	state	zip
Family Email Address: _____			
Members of John Wesley United Methodist Church? Yes _____ No _____			

Name of child: _____	first	middle	last	nickname
Date of Birth: _____	Gender: _____ Male _____ Female			
Child lives with: _____ both parents _____ *father _____ *mother _____				
_____ **paternal grandparents _____ **maternal grandparents _____ **Other (NAME) _____				
*NOTE TO DIVORCED/SEPARATED PARENTS: Please provide information and legal documentation regarding court awarded custody and if there are/is any person(s) who may NOT call for your child. **MUST SHOW PROOF OF LEGAL GUARDIANSHIP.				

Mother's name: _____	Occupation: _____
Employer: _____	Cell Phone #: _____
Father's name: _____	Occupation: _____
Employer: _____	Cell Phone: _____

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Please list below any person(s) name, cell phone #, and relationship to the registered child(ren) who may arrive to pick-up your child(ren). Anyone authorized by you to pick-up your child should visit the Day School office where a copy of their identification will be made and kept on file for the current school year. If someone arrives to collect your child and the JWUMC Day School staff have not been notified in advance and/or their name is not written below, JWUMC Day School cannot allow the child to leave with them. Person(s) picking up a child are required to sign the child out. You may update this list at any time.

Name: _____ Cell Phone #: _____
Relationship to the child: _____

Name: _____ Cell Phone #: _____
Relationship to the child: _____

Name: _____ Cell Phone #: _____
Relationship to the child: _____

Name: _____ Cell Phone #: _____
Relationship to the child: _____

The following person(s) is/are NOT authorized to visit or pick up my child: _____

Provide a local contact if parent(s)/guardian(s) cannot be reached in case of emergency: _____

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Name of Child's Physician: 526 Savannah Highway, Charleston, South Carolina 29407 (843) 766-3396

Name of Dentist: _____ Phone #: _____

Hospital Preferred: _____

List any allergies your child has and what procedures to follow: (if no allergies, please write "NKA").

ALLERGY: _____

DETAIL THE PROCEDURE WE SHOULD FOLLOW IF A REACTION OCCURS: _____

PLEASE SPECIFY BELOW anything that we should know about present/potential medical, social or emotional issues related to your child who is seeking enrollment:

JWUMC Day School may not be qualified to accept children with special needs that require specialized care. Enrollment in such instances will be left to the discretion of the Director and/or JWUMC Day School Board.

**Summer Camp Registration
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Parents must sign at the bottom of this form

DOCTOR PREFERENCE: _____

MEDICATION ALLERGIES: _____

AUTHORIZATION FOR EMERGENCY CARE TO MINOR

I/We, the undersigned, parent(s) or legal guardian of the minor listed below:

Minor's Name	Date of Birth
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In the event I/we are unobtainable, I do hereby authorize, in the event of an emergency, any X-ray examination, anesthetic, dental, medical or surgical diagnosis or treatment by any physician or dentist licensed by the State of South Carolina and hospital service that may be rendered to said minor under the general, specific or special consent:

JOHN WESLEY UNITED METHODIST CHURCH DAY SCHOOL

The temporary custodian of the minor: whether such diagnosis or treatment is rendered at the office of the physician or dentist or at a hospital licensed by the State of South Carolina. I/We authorize the physician or dentist to call in any necessary consultants, in his/her discretion. It is understood that this consent is given in advance of any specific diagnosis or treatment being required. It is given to encourage those persons who have temporary custody of the minor and said physician or dentist to exercise his/their best judgment as to the requirements of such diagnosis or (medical, dental or surgical) treatment.

This consent shall remain effective until the last scheduled day of the Day School year, including the Summer Session, unless revoked sooner, in writing.

MOTHER

FATHER

GUARDIAN

DATE

The Day School requires, at minimum, one signature for this form to be complete.

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POLICIES AND PROCEDURES

SCHOOL COPY

In order to ensure that parents clearly understand the procedures and policies of JWUMC Day School, we ask all parents to read the policies below, sign and date the form and return the school copy with your registration packet.

1. Parents are responsible for payment in full of camp fees at the time of registration. Camp fees are non-refundable.
2. If I tender a check to JWUMC Day School which is not honored by my bank, I agree to pay a \$20.00 service charge on any returned check.
3. There is no reduction of fees for absences, holidays, emergency closures or vacations.
4. I understand that:
 - a) I, or a responsible, designated adult, must walk into the building with my child(ren) each day and make certain my child's teacher knows my child is there.
 - b) I, or a responsible, designated adult, must walk into the building to pick up my child(ren), inform my child's teacher that we are leaving and sign my child out.
5. Children should not be brought to the school if they have severe colds, undetermined rash or spots, fever, severe headaches, an upset stomach, conjunctivitis or other symptoms of illness. Parents will be notified to pick up their child(ren) immediately if signs of illness occur during the day. Failure to pick up a sick child promptly can be reason for dismissal from the Day School. The child should not return to the school until he/she is free of symptoms for 24 hours.
6. All children need a complete change of clothing at the school each day. Those in diapers need to bring at least two diapers each day, labeled with their name. Lunch boxes and backpacks should be marked with your child's name.
7. Parents need to inform the Day School of changes in addresses, phone number(s), employment, emergency information or any other changes in family situations.
8. Parents are to pick up their child(ren) by closing time (1:00 p.m.). There will be a \$10.00 late fee for children picked up after closing time (1:01 p.m.). After 1:10 p.m., an additional \$5.00 will be added for every additional 5 minutes late. Frequent late pickups will be reviewed as reason for dismissal from the Day School program.
9. JWUMC Day School may not be qualified to accept children with special needs that require specialized care. In such instances, enrollment will be left to the discretion of the Director and/or JWUMC Day School Board.
10. Class assignments are age appropriate and at the discretion of the Director. We cannot honor requests to choose or change classroom assignments.
11. Children enrolled at JWUMC Day School must be immunized against all childhood diseases. We do not accept waivers.
12. I understand it may be necessary for my child to receive emergency medical care. I will execute an authorization for emergency care for my child and I understand that my child will not be admitted to JWUMC Day School until the form has been signed and returned.

I have read and agree to abide by these rules and regulations.

Signature of parent/guardian: _____ **Date:** _____
2020 Summer Camp

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