

Woodroe Woods Summer Camp runs **June 5th through August 4th** for Kindergarten graduates through 5th grade. Camp is closed on: Monday, June 19th for Juneteenth and Monday and Tuesday, July 3rd and 4th for Independence Day.

Camp hours are 9am to 3pm and includes FREE extended care from 7am to 9am and 3pm to 6pm.

OFFICE USE:

CAMPER INFORMATION: COMPLETE, SCAN & EMAIL 4 DOCUMENTS TO INFO@WOODROEWOODS.ORG

LAST NAME	FIRST NAME	M/F	DOB
CURRENT SCHOOL & CITY		CURRENT GRADE LEVEL	PROVIDE ENROLLED SIBLING'S NAME AT WOODROE WOODS

- \$200 Deposit is due at registration and will be applied towards the last session your camper has registered for. Deposit is nonrefundable. Camp is optional and is not a part of the academic program.
- Payment in full is due 2 weeks in advance of the session. Payment is to be made via invoice from accounts@woodroewoods.org. Registration is not confirmed until your invoice is paid.
- Place a check mark at each session your camper will be attending.
- Camp sibling discount: The Camper registered for the most amount of sessions **pays the full amount**. Camp siblings on the same or reduced schedule receives a 20% discount.
- Woodroe Elementary sibling(s) with a preschool sibling receives a combined 10% discount while elementary camper is scheduled to attend.

We will do our best to buddy your camper. Provide buddy's name: _____

Children are grouped by age, which allows for better targeting of activities to their interests and abilities.

<input type="checkbox"/> SESSION 1 – SPORTS FANATICS	\$750 due 5/19
June 5 – 9	UK INTERNATIONAL SOCCER
June 12 – 16	FIELD GAMES, TEAM BUILDING

<input type="checkbox"/> SESSION 4 – STEAM-TASTIC	\$750 due 7/7
July 17 – 21	ART & MAKERS STUDIO
July 24 – 28	MAD SCIENCE

<input type="checkbox"/> SESSION 2 – FANTASY FOCUS	\$675 due 6/2
June 20 – 23 (closed 6/19)	HARRY POTTER MAGIC
June 26 – 30	SCI-FI/ STAR WARS

<input type="checkbox"/> SESSION 5 – HIP HOP HOORAY	\$375 due 7/14
July 31 – Aug 4	BEAT BOX DANCE ACADEMY

➡ ***After 5/29, T-SHIRT is not guaranteed.**

<input type="checkbox"/> SESSION 3* - AMERICANA	\$600 due 6/16
July 5 – 7 (closed 7/3 & 7/4)	BLOCK PARTY FUN w/ Bounce House
July 10 – 14	OLD SCHOOL WOODY w/ Tie-Dye

T-SHIRT SIZE (*Session 3 ONLY for Tie-Dye)				
YOUTH	<input type="checkbox"/> S	<input type="checkbox"/> M	<input type="checkbox"/> L	<input type="checkbox"/> XL
ADULT	<input type="checkbox"/> S	<input type="checkbox"/> M	<input type="checkbox"/> L	

- I have read the online Summer Camp, Illness/Masking/Testing Policies and agree to abide by the procedure details therein.
- I will remit payment via ACH (no charge) or Credit Card (Credit Card incurs 3% fee). Invoice will be emailed to address provided.
- I/we understand that no credit is given for partial attendance. No portion of the tuition will be refunded if the camper is absent, withdrawn, suspended or should otherwise fail to complete the session.
- I/we give permission for my/our child to participate in all camp activities.
- I/we hereby grant permission to Woodroe, Inc. to use photographs and/or video of my child taken at Woodroe Woods in publications, news releases, online, marketing, and in other communications related to the mission of Woodroe Woods school.

Parent/Guardian Printed Name _____ X _____ Signature _____ Date _____

Print Legibly E-mail address to be invoiced _____ ACH or Credit Card (3% fee)
 Indicate payment will be remitted as ACH or Credit Card

WOODROE WOODS SCHOOL - CONFIDENTIAL HISTORY & HEALTH QUESTIONNAIRE

Child's Name: _____ DOB: _____

Does your child have allergies, health issues, or dietary restrictions?
FOODS: _____ MEDICATIONS: _____
INSECTS: _____ HAY FEVER/ALLERGIES: _____
DIETARY/OTHER: _____
What is the allergic reaction to Food/Medication/Health/Other? (i.e. what we need to look for): _____

A Plan of Action from a physician is required for all food allergies that require Benedryl, Epi Pen, etc. The Parent/Guardian is to provide medication(s) and alternative non-perishable snacks for when allergen is served.
Does your child easily and/or quickly spike fevers? _____ Describe symptoms: _____
Disability or chronic or recurring illness (specify): _____

Current medications: _____

Does your child have a history of/suffer from depression anxiety disorder/anger management problems? Please specify: _____

Is your child on any medication for behavior modification? _____ Please specify: _____

Are there any special family situations that we should be aware of? _____

Has your child suffered any unusual psychological/physical trauma? _____

Please list any past illnesses that we should be aware of (both physical and psychological) _____

Personality traits: Please mark all that apply to your child:

- | | | | | |
|----------------------------------|----------------------------------|--------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Tense | <input type="checkbox"/> Happy | <input type="checkbox"/> Easy Going | <input type="checkbox"/> Nervous | <input type="checkbox"/> Aggressive |
| <input type="checkbox"/> Shy | <input type="checkbox"/> Selfish | <input type="checkbox"/> Follower | <input type="checkbox"/> Moody | <input type="checkbox"/> Antagonistic |
| <input type="checkbox"/> Helpful | <input type="checkbox"/> Leader | <input type="checkbox"/> Cooperative | <input type="checkbox"/> Quick Learner | <input type="checkbox"/> Withdrawn |

Are there any other issues, concerns, fears or quirks we should know about? _____

Signature of Parent/Guardian: _____ Print Name: _____ Date: _____

WOODROE WOODS SCHOOL

IDENTIFICATION & EMERGENCY INFORMATION

CHILD'S NAME	LAST	MIDDLE	FIRST	GENDER	DOB
--------------	------	--------	-------	--------	-----

ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
---------	--------	--------	------	-------	-----

PARENT'S NAME	LAST	MIDDLE	FIRST	WORK PHONE	HOME PHONE	CELL PHONE
---------------	------	--------	-------	------------	------------	------------

ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
---------	--------	--------	------	-------	-----

PARENT'S NAME	LAST	MIDDLE	FIRST	WORK PHONE	HOME PHONE	CELL PHONE
---------------	------	--------	-------	------------	------------	------------

ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
---------	--------	--------	------	-------	-----

EMAIL ADDRESSES: Email #1 is for invoicing and communication purposes. Email #2 is primarily for communication purposes.

Email #1

Email #2

ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY

PHYSICIAN	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE
-----------	---------	-------------------------	-----------

DENTIST	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE
---------	---------	-------------------------	-----------

NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY

NAME	RELATIONSHIP

- I/we hereby give permission to Woodroe Inc., dba Woodroe Woods School to obtain all emergency medical or dental care for my/our child. This care may be given under whatever conditions are necessary to preserve the life, limb or wellbeing of my/child. Any expenses incurred in obtaining such medical care will be paid by me/us.
- I/we give permission for my/our child to be transported out of camp in case of an emergency. Any expenses incurred in such transportation will be paid by me/us.

PARENT'S NAME	SIGNATURE	DATE
---------------	-----------	------

PARENT'S NAME	SIGNATURE	DATE
---------------	-----------	------

WOODROE WOODS SUMMER CAMP

AUTHORIZATION FORMS & LUNCH MEMO

Child's Name: _____ Date of Birth: _____

SUNSCREEN AUTHORIZATION FORM

- Parent/Guardian will be responsible for applying the first layer of sunscreen prior to drop off.
- Sunscreen must be in its original container with the label intact.
- Sunscreen bottle/tube must be labeled with the child's name. Please use masking tape to write your child's name as permanent ink (for example, Sharpie) will smear from frequent handling.
- Periodically, please check on your child's sunscreen supply.
- Kindly deliver the sunscreen directly to your child's teacher.
- Sunscreen may not be kept inside a child's lunchbox, backpack, cubby, etc.

I authorize my child to re-apply sunscreen before afternoon outside playtime. I also understand that teachers will give sunscreen reminders each day, and that they will assist campers as needed. I will supply sunscreen for my child to use, labeled with his/her name. Sunscreen will be kept in my child's classroom.

I DO NOT authorize my child to apply sunscreen.

LUNCH & SNACK MEMO

We believe good nutrition is an important component in the overall development of every individual. Ideally, we would like to see every child bring to school a well-balanced lunch that pulls from a variety of food groups. If "treat foods" come to school, the child automatically wants to eat those first and often fills up before reaching other healthier foods. To lessen temptations, and encourage a nutritious diet, we are asking you NOT to send foods with "empty calories."

We respect that each family has their own tastes and favorites, and we prefer not to dictate foods choices with the following exceptions: **soda, gum, and candy WILL NOT BE PERMITTED.**

It is not our policy to force your child to eat all his/her lunch; however, the leftovers will be sent home so you can see what is not being eaten.

The school provides a nutritious snack at mid-morning. No other food may be brought to school unless stated through a directive from the school.

After 4pm, campers will take an activity break and will have a snack from their lunch box.

Thank you for your cooperation in this very important matter.

Signature of Parent/Guardian: _____

Print Name: _____

Date: _____