Fairwinds Christian School - 2019 Summer Day Camp

801 Seymour Rd., Bear, DE 19701 - 302-328-7404

CHILD INFORMATION

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB: \_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_ Age\_\_\_\_\_\_\_\_\_ Grade in Fall: \_\_\_\_\_\_ Gender (please Circle): Male Female

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

PARENT/LEGAL GUARDIAN #1 INFORMATION:

**THIS IS THE INDIVIDUAL WHO WILL BE RESPONSIBLE FOR ALL FINANCIAL MATTERS**

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (if different from child): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email (please print legibly) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT/LEGAL GUARDIAN #2 INFORMATION:

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (if different from child): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email (please print legibly) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMERGENCY CONTACT AND PICK UP LIST

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CHILD’S LAST NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FIRST NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLEASE INITIAL:

Yes \_\_\_\_ No \_\_\_\_\_ I give my permission for my child to receive Tylenol (or generic brand acetaminophen)?

Yes \_\_\_\_ No \_\_\_\_\_ Has your child ever had a diagnosed seizure? Cause: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Yes \_\_\_\_ No \_\_\_\_\_ Diagnosed allergies? If Yes, list all known. Describe reaction and management.

Medical Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Food Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Allergies (list) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Yes \_\_\_\_ No \_\_\_\_\_ Are prescribed daily medications or allergy response medications required? If yes, medications must be in their original prescribed bottles. No medication will be administered by staff without a medication log form completed.

Epi pens and other allergy response medications must be on site with the child in order to attend camp.

Use this space to provide any additional information about the participant’s behavior, physical, emotional, learning accommodations or mental health about which the camp should be aware. Please be assured that all information provided on this form will be kept confidential.

CHILD’S LAST NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FIRST NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MEDICAL INFORMATION

FCS has adopted the following procedures in caring for your child should he/she become sick or injured while attending our summer day camp program.

In case of emergency and/or need of medical or hospital care:

1. The child will receive immediate attention.

2. A custodial parent or guardian will be called at all available numbers until at least one parent or

guardian is reached.

3. If a custodial parent or guardian cannot be reached, the people listed on the emergency contact list will be

called.

4. FCS reserves the right to call for an ambulance to take the child to the emergency room if deemed necessary.

I agree to assume all expenses for moving and medically treating my child. I also hereby consent to any treatment, surgery, diagnostic procedures or the administration of anesthesia which may be carried out based on the medical judgment of the attending physician. In addition, my signature indicates that I have read, completed and agreed to the information listed on this form. I understand I will be financially responsible for the cost of such treatment.

SWIMMING AND FIELD TRIP RELEASE

I give permission for my child to be transported to and from the Delaware Swim Club and scheduled camp field trips on the school bus and to swim and participate with the swimming program and with the field trips.

I agree to hold to the school and its agents harmless for any liability to my child or guardian or parent thereof because of any claims on behalf of my child against the school or any agency thereof because of injury or alleged injury to my child. Should legal action, for any reason, be taken against the school or any employee or agent thereof on my child’s behalf and the school or its agent not be found at fault, I agree to pay any attorney fees, court fees, damages or other costs that the school or its agent should incur to defend itself against such action.

PARENT/LEGAL GUARDIAN SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT/LEGAL GUARDIAN SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

CHILD’S LAST NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FIRST NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REGISTRATION FEE AMOUNT $ \_\_\_\_\_\_\_\_\_\_\_

WOULD YOU LIKE OUR PAY IN FULL FOR A 10% DISCOUNT? YES \_\_\_ NO \_\_\_

WOULD YOU LIKE OUR 2 PAY PLAN FOR A 5% DISCOUNT? YES \_\_\_ NO \_\_\_

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Dates | Week | Please | 2-3 Days  (X) | 4-5 Days  (X) | Not Attending (X) | Theme | Amount Due  (office) |
| (circle days) |
| June 10-14 | Week 1 | M Tu W Th F |  |  |  | In the Beginning |  |
| June 17-21 | Week 2 | M Tu W Th F |  |  |  | Old Testament |  |
| June 24-28 | Week 3 | M Tu W Th F |  |  |  | Ancient Greece/Rome |  |
| July 1-5 | Week 4 | M Tu W F |  |  |  | New Testament |  |
| July 8-12 | Week 5 | M Tu W Th F |  |  |  | Middle Ages |  |
| July 15-19 | Week 6 | M Tu W Th F |  |  |  | Renaissance |  |
| July 22-25 | Week 7 | M Tu W Th F |  |  |  | Victorian |  |
| Jul 29-Aug 2 | Week 8 | M Tu W Th F |  |  |  | Turn of the Century |  |
| August 5-9 | Week 9 | M Tu W Th F |  |  |  | Today |  |
| Aug. 12-16 | Week 10 | M Tu W Th F |  |  |  | The Future |  |

Office Use Only:

Reg Fee \_\_\_\_\_ BW Invite \_\_\_\_ BW Update \_\_\_\_ Discounts \_\_\_\_

**Registration Fee (Non-Refundable)**

**1st Child 2nd Child Each Additional child**

$35.00 $35.00 $20.00

\*Due at the time of Registration by Cash or Check (payable to Fairwinds Christian School),

**Summer Day Camp Hours:** 9:00 am – 3:00 pm \*\*

Pay in Full 10% Discount Due by June 10th

2 Pay Plan 5% Discount Due by June 10th & July 15th

**1st Child 2nd Child Each Additional child**

**Full Time Week:** $198.00 $178.00 $98.00

**Full Time July 4th Week:** $168.00 $148.00 $78.00

**Part Time Week:** $138.00 $128.00 $68.00

**No July 4th Discount**

**\***Payments are made via Brightwheel or Check/Cash in School office during office hours only. Credit cards are only accepted on Brightwheel.

**\*\*Included in your Summer Camp Full Time and Part Time Week Price is our Before and After Care Program!**

**Before Care:** beginning at 7:00 am $0.00

**After Care:** 3:00 pm – 6:00 pm $0.00

**Late Pick-up Fee:** It is very important that your child be picked up on time each day. Families will be charged an additional late fee of $10.00 per child for every 15 minutes when their child/children are not picked up by dismissal time (6:00 pm).

**Late Payment Fee:** There will be a late fee of $5.00 per day per child for each day your payment is late. Late payment is cause for termination. Payment is due every Monday (the first day of the week they are scheduled to attend summer day camp). The late payment fee begins on Tuesday and continues for each day the payment is late. Weekly payments are made thru Brightwheel. Cash payments are accepted at the school office during school office hours. Summer Day Camp staff is not to accept payments.

**Change Fee:** A change fee of $20.00 per child, will be applied for any variation from what is signed up for at the time of registration (additional weeks, change of weeks, removal of weeks, # of days -Part time/Full time week change).

**Returned Check Fee**: A returned check fee of $40.00 will be applied to your account for each returned check or ACH payment. Returned items is cause for termination.

Dear Parents,

Welcome to Summer Day Camp!

Your registration fee is due at the time of application by either Cash or Check (made payable to Fairwinds Christian School).

However, we have some exciting news!

We will be using brightwheel, a tool for classroom management, communication, online bill pay, and much more for our summer day camp payment program this year. Brightwheel is the industry leader in early education, proven to save time for staff, allowing for measurably more time with students, while also delivering a much better experience for parents.

**Easy steps to follow:**

1. **Create a free brightwheel account.** When you receive an invitation via email or text, please create a free parent account using either the [web](https://www.mybrightwheel.com/) or[mobile app](https://bnc.lt/bwapp_Dec_news). Make sure to use the same [email address](http://help.mybrightwheel.com/parents-family-and-approved-pick-ups/getting-started-for-parents/parent-sign-up-via-email-invite) or [cell phone number](http://help.mybrightwheel.com/parents-family-and-approved-pick-ups/getting-started-for-parents/parent-sign-up-via-sms-message) that the invitation was sent to. Here is a [quick video overview](https://youtu.be/jnc3aHyc1Ts).
2. **Confirm your child’s profile.**You will see your child’s profile after you create an account - you can confirm information such as birthday, allergies, and additional contacts. If you do not see your child’s profile, please contact us with the email address or phone number you used to sign up. You will not see updates within brightwheel until we start to use it regularly.
3. **Set your account preferences.**You can adjust your notification preferences within your profile settings on the app.
4. **Add your payment information.** Brightwheel offers secure, automated online payments that saves time for us and gives you advanced tools and reporting. Please add your [payment information](https://schools.mybrightwheel.com/payments/settings). Here is an online [Payments Setup Guide](http://help.mybrightwheel.com/parents-family-and-approved-pick-ups/getting-started-for-parents/billing-setup-instructions-for-parent) with more info. Enjoy the ease and convenience of an automatic payment from your checking or savings account! (a .60 cents processing fee applies).

We’re excited to be adding this state-of-the-art system and hope you enjoy it!

Best Regards,

Fairwinds Christian School Summer Day Camp

Payments by Cash will be accepted in the school office during office hours only. Credit card payments will **only** be accepted thru **Brightwheel** (additional processing fees will apply). Summer Day Camp staff will be unable to accept your payment.