

Camp WCCS



June 5 - July 13, 2017

GRADES 3rd-8th

6 WEEKS OF LEARNING & FUN

WALLACE CONNECTING COMMUNITIES SUMMER PROGRAMS

\$25 DEPOSIT- \$65 WEEKLY

MONDAY -THURSDAY 8:00A.M. - 3:30P.M. & FRIDAY 8:00A.M. -NOON

REGISTRATION DATE: APRIL 3 -MAY 12, 2017

ORIENTATION: MAY 16, 2017 @ 5:30pm (WCCS-Goodwin Theater)

CHILD'S FULL NAME & SOCIAL SECURITY #

(PLEASE PRINT)

EMERGENCY CONTACT: _____ PHONE NUMBER: _____

HOME PHONE: _____ WORK PHONE: _____

STATE: _____ ZIP: _____ EMAIL ADDRESS: _____

**RACE: ASIAN BLACK CAUCASIAN HISPANIC NATIVE AMERICAN
OTHER**

GRADE _____ DATE OF BIRTH ____/____/____ GENDER: M _____ F _____

PAYMENT AMOUNT ENCLOSED: _____

AS A PUBLIC INSTITUTION, WCCS IS REQUIRED TO COLLECT THE FOLLOWING DATA FOR REPORTING PURPOSES. THIS INFORMATION IS ONLY REPORTED TO THE STATE OF ALABAMA AND IS NEVER MADE AVAILABLE TO ANY PRIVATE ENTITY FOR ANY REASON.

Camp WCCS Daily Schedule

	M&W	Tuesday	Thursday	Friday
	Welcome and Morning Motivation	Welcome and Morning Stretch	Field Trip/Activity Thursday	Welcome & Team Building Overview
8:00 a.m. - 8:30 a.m.	Science	Science		Teen Building
9-9:50am	Reading	Reading		Culture Exploration
10-10:50am	Math	Math		Weekly Overview
11-11:45am	Lunch	Lunch		Camp Ends at Noon
11:45 am-12:15pm	Swimming	Creative Writing/Lab		
12:45 -2:30pm	Physical Education	Teen Building		
2:30pm-3:00pm	Wrap Up	Wrap Up		
3:00 p.m. -3:30 p.m.				

Field Trips (Tentative)

June 8, 2017	Tuskegee /Maxwell			
June 15, 2017	Space Center			
June 22, 2017	Six Flags			
June 29, 2017	Space & Flight Museum			
July 6, 2017	Point Mallard			
July 13, 2017	TBA			

2017 CAMP WCCS PROGRAM POLICIES

PROGRAM HOURS: Monday –Thursday 8:00 a.m. until 3:30 p.m. 8:00am to noon on Friday. Pick-up after 3:30 p.m. will result in a \$1.00 per minute charge until the child is picked up Payable upon pickup. Please be advised that continuous late pick-ups may result in your child's participation in the program being canceled.

PAYMENTS: I understand the \$65 payments are due by the first day of the week (Monday) to the Cashier's office. If you fail to pay, you will be charged a \$15.00 late fee. If payments fall one week behind, my child will not be able to continue in the program.

CREDIT FOR ABSENCES: WCCS will not reduce your weekly fee for days missed from the program. When you enroll your child, you are reserving the time, space, staff and the provisions needed for your child.

REFUNDS & CANCELLATIONS: Refunds will not be given if you withdraw your child, at any time, from the program. You must notify the site director **AT LEAST ONE WEEK IN ADVANCE, IN WRITING** if your child will not attend the following week. Failure to do so may result in losing your child's spot. For example: You need to cancel on Monday by 3:30 p.m. if your child will not be attending the following week. If your child is removed from the program for disciplinary reasons the fee for that week will not be refunded.

RETURNED CHECKS: Check Care will notify you if we receive an "insufficient funds" check. There will be a \$25.00 service charge on all returned checks. WALLACE COMMUNITY COLLEGE SELMA will only accept cash or money orders after one returned check.

LOST AND FOUND: Lost and found will be collected each day and placed in the site director's office. Any lost and found not claimed by Friday of each week will be donated to charity.

CELL PHONES AND HAND HELD ELECTRONIC DEVICES: Cell phones and handheld electronic games are not permitted for CAMP WCCS participants. WALLACE COMMUNITY COLLEGE SELMA will not be responsible for the replacement or repair of any lost, stolen or broken cell phones or handheld electronic device.

TRANSPORTATION RELEASE: I _____ give permission for my child/children to be transported in WALLACE COMMUNITY COLLEGE SELMA vehicles to attend WALLACE COMMUNITY COLLEGE SELMA Summer Programs and Field Trips.

MEDICAL CARE: I give authority to any hospital, physician or paramedics to render immediate aid as might be required, at the time, for my child's health and safety. I understand that any expense for this service will be accepted by me. I understand that the WALLACE COMMUNITY COLLEGE SELMA does not provide dental, accident or medical insurance for my child/children. I do waive and release all rights and claims for damages sustained and suffered by my child and/or family in connection with WALLACE COMMUNITY COLLEGE SELMA Summer Camp, and while participating in field trips.

MEDICATION: WALLACE COMMUNITY COLLEGE SELMA needs written parental authorization and instructions for any medication that needs to be administered. Any prescription or over-the-counter medication sent to the WALLACE COMMUNITY COLLEGE SELMA must be in its original container and must be labeled with your child's name, the name of the drug, and directions for administering the drug. A new authorization form is needed each week. By law the WALLACE COMMUNITY COLLEGE SELMA cannot administer any medication, prescription or over the counter, without written authorization. WALLACE COMMUNITY COLLEGE SELMA cannot provide any medication.

LUNCH/SNACKS: The summer feeding program will provide lunch for your child; however your child can bring their lunch or purchase lunch in our cafeteria for \$4 a day. Every child will be offered an afternoon snack. We try to involve the children in snack preparation and offer nutrition education. Notify the WALLACE COMMUNITY COLLEGE SELMA if your child has special dietary restrictions.

I agree to abide by the above polices

Parent/Guardian Signature

Date

CAMP WCCS SUMMER PROGRAM CODE OF CONDUCT

It is the goal of *Camp WCCS Summer Program* to provide a healthy, safe, and secure environment for all participants. Children who attend the program are expected to follow the behavior guidelines and to interact appropriately in a group setting.

Behavior Guidelines

- People are **responsible** for their actions.
- We **respect** each other and the environment.
- **Honesty** will be the basis for all relationships and interactions.
- We will **care** for ourselves and those around us.

When a child does not follow the behavior guidelines, we will take the following steps:

1. Staff/Counselors will redirect the child to more appropriate behavior.
2. The child will be reminded of the behavior guidelines and *Camp WCCS Summer Program* rules, and a discussion will take place.
3. If the behavior continues, a parent will be notified of the problem.
3. The staff/Counselors will document the situation. This written documentation will include what the behavior problem is, what provoked the problem, and the corrective action taken.
4. Staff/Counselor will schedule a conference with the parent so they can determine the appropriate action to take.
6. Staff/Counselor will schedule a progress check or a follow-up conference.
5. If the problem still persists, staff/counselor will schedule a conference that includes the
6. Parent, child, staff/counselor, and camp director. The camp director will have all documentation and the notes from the previous conferences for review.
7. If a child's behavior at any time threatens the immediate safety of that child, other children, or staff, the parent may be notified and expected to pick up the child immediately.
8. If the problem persists and the child continues to disrupt *Camp WCCS Summer Program*, *Camp WCCS* reserves the right to suspend the child from the program.

The following behaviors are not acceptable:

- Endangering the health and safety of children and/or staff, members, and volunteers
- Stealing or damaging Wallace Selma or personal property
- Leaving the *Camp WCCS Summer Program* without permission
- Continuing to disrupt the program
- Refusing to follow the behavior guidelines or *Camp WCCS Summer program* rules
- Using profanity, vulgarity, or obscenity frequently
- Acting in a lewd manner

PARENT SIGNATURE REQUIRED:

I have reviewed with my child the Camp WCCS Summer Program Code of Conduct. I understand and agree to all of the terms presented.

Parent's Signature

Date

Counselor's Signature

Date

**Student T Shirt Size _____

Optional Parent T shirt \$12.00 _____ size _____
Money due by orientation (May 16, 2017)

Medical and Emergency Contact Information

Please PRINT the following information:

Child's Name: _____ BirthDate _____/_____/_____ (mm/dd/yyyy)

Sex: Male Female

Minor's Social Security Number _____ - ____ - _____

Father's Name: _____ Mother's Name: _____

Address: _____
(Street, apt#) (City) (State) (Zip Code)

Phone: Home: (____) _____ Father's Home Number (if different) (____) _____
 Father's Business Number (____) _____

Mobile: (____) _____ Mother's Home Number (if different): (____) _____
 Mother's Business Number (____) _____

Health History: Provide the following information:

Condition	Yes	No	If yes, please explain
Asthma			
Diabetes			
Heart Disease			
Hay Fever			
Eating Disorder			
Seizures			
Drug Allergies			
*Food Allergies			
*Physical Limitations			
Other			

Date of Last Tetanus Shot: _____

Current Medications: Please list any medication(s) child is currently taking including over the counter medications

Name of medication	Strength	Schedule	Comments

Health Insurance/Physician Information

Insurance Company: _____ Policy Holder: _____

Insurance Phone Number (____) _____ Policy/Group# _____

If an HMO or PHP, provide emergency treatment authorization phone number _____

Primary Physician: _____ Office Number: _____

Medical and Emergency Contact Information

Medical Authorization:

I, _____, parent or legal guardian of _____ hereby gives my consent for an representative of CAMP WCCS to obtain such medical care as is reasonably necessary for the welfare of my child, in the event of an emergency or other medical occurrence. I request that payment under my medical insurance program be made directly to the site of services rendered. I understand I am financially responsible for fees not covered by this authorization.

General Release

I, _____, the undersigned parent or legal guardian, do hereby release Wallace Community College Selma, including all Camp WCCS employees or designees from any and all liability which might result from any personal injury claim(s) or cause of action which might result directly or indirectly from my minor child's participation in any activity or trip which may be conducted under the supervision or direction of Wallace Community College Selma

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Parent or Guardian Signature

Relationship

Date