

Wasatch Christian Early Learning Center

APPLICATION FOR SUMMER ENROLLMENT

Today's Date: ____/____/2017

Children to be Enrolled in Summer Camp				
	First	Last	Middle	DOB
Child 1				
Child 2				
Child 3				
Parents' Names				
Mother				
Father				

During summer camp, you have the option of registering for 9 - 12 weeks. If you would not like to register for all 12 weeks, which (up to 3) will you not be registering for?

Below is as list of sections in the regular enrollment. Initial by each one to signal that the information and permission you provided upon initial enrollment is still valid.

- | | |
|---|--|
| <input type="checkbox"/> Legal Status / Unauthorized Pick Up Alert
<input type="checkbox"/> Emergency Contacts And Authorized Pick Up List
<input type="checkbox"/> Medical, Emergency, And Sunscreen Permission
<input type="checkbox"/> Request For Enrollment And Acceptance Of WCELC Policies And Procedures
<input type="checkbox"/> Previous Care And Marketing Survey
<input type="checkbox"/> Financial And Enrollment Agreement
<input type="checkbox"/> Attendance Policy
<input type="checkbox"/> Registration / Sunscreen Fee
<input type="checkbox"/> Field Trip / Activity Permission
<input type="checkbox"/> Late Payment Fees And Delinquent Accounts | <input type="checkbox"/> Late Pickup Fee
<input type="checkbox"/> Method And Time Of Payment
<input type="checkbox"/> Fee Adjustments
<input type="checkbox"/> Dis-Enrollment By Center
<input type="checkbox"/> Withdrawal
<input type="checkbox"/> Photography Permission
<input type="checkbox"/> Transportation Policy
<input type="checkbox"/> Discipline Policy
<input type="checkbox"/> Child Health Assessment
<input type="checkbox"/> Sickness Policy
<input type="checkbox"/> Child Profile (Including Medical History) |
|---|--|

I hereby give my permission to Wasatch Christian Early Learning Center to transport my child during school or summer camp field trips, and for my children to participate in all activities sponsored by the center. I also understand that field trips may expose my child(ren) to some risks and I assume any such risk that may arise there from. I accept full responsibility for all medical expenses for any injuries that might occur to my child(ren) by reason of his/her participation. By signing below, I hereby release WCELC and its agents from and against any and all claims, demands, actions, complaints, suits or other forms of liability that any of them may sustain (a) arising out of my child's failure to comply with local, state, and federal laws and WCELC policies, procedures, and directions; (b) arising out of any damage or injury caused by my child; or, (c) arising out of the operation of the school bus in relation to this activity. I also agree to indemnify and hold harmless these parties from the released claims, including any and all related costs, attorney fees, liabilities, settlements, and/or judgments.

Father Signature

Mother Signature

Director Signature