



**Warwick River
Christian Learning Center**

250-A Lucas Creek Road, Newport News VA 23602, (757) 877-0130
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wrclc@warwickriver.org

**Summer Camp
2020**

Allergy Alert: _____

Grade Completed 6/2020: _____

Date _____

Registration Form:

Child's full name (first, middle, last): _____

Child's preferred name/nickname: _____ Gender: _____

Child's Date of birth: _____ Age: _____

Date to begin Camp: _____

Is your child a new camper or returning camper? New _____ Returning _____

Name(s) and birth date(s) of sibling(s) registered with WRCLC for camp or child care:

_____ Full-time Summer Camp/anticipated drop off and pick up time: _____

_____ Part-time Summer Camp- please specify dates/days and times for part time and vacations:

Ex: Vacation week of July 16-20 Ex: Will be attending only Mon/Tues/Weds Ex: Field trips only

PARENT/GUARDIAN INFORMATION:

Please list the legal parents or guardians who have responsibility for the child.

Father

Mother

Full name: _____ Full name: _____

Phone: (H) _____ (C) _____ Phone (H) _____ (C) _____

E-mail: _____ E-mail: _____

Address: _____ Address: _____

City/State/Zip: _____ City/State/Zip: _____

Employer: _____ Employer: _____

Position/Occupation: _____ Position/Occupation: _____

Work Phone: _____ Work Phone: _____

Church affiliation: Denomination: _____ Congregation: _____

EMERGENCY CONTACTS:

In case the parents/guardians are not available, whom should we contact?

Name: _____ Relationship to Student: _____ Day Phone: _____

A. _____

B. _____

Authorization for person(s) to pick up your child:

Person(s) NOT authorized to pick up your child:

MEDICAL INFORMATION:

If a child becomes ill, the parent/guardian will be contacted. We request that the child be picked up as soon as possible to minimize contamination of the other children and the staff.

A. Child's allergies (including foods), medical history, medications, and any physical or emotional impairment to which child care personnel should be alerted:

B. If your child becomes ill or injured, in the event that you cannot be notified, may we proceed with first aid and emergency medical care for your child?

Yes _____ No _____ Parent's Signature _____ Date _____

C. Physician/Pediatrician: _____ Phone: _____

AGREEMENTS:

1. Authorization is given for my child to participate in field trips. Yes ___ No ___
2. Permission is hereby granted for WRCLC to use my child's name and photo in publications, publicity pieces such as Facebook and other social media platforms, and on our website unless noted below. Yes ___ No ___
3. Parent/guardian is responsible for paying their WRCLC account balance weekly in accordance with our policy.

Comments/notes: _____

Parent's/Guardian's signature: _____ Date: _____

<p><i>For Office Use Only</i></p> <ul style="list-style-type: none"> <input type="radio"/> Birth Certificate on file <input type="radio"/> Medical Information on file <input type="radio"/> Registration fee received <input type="radio"/> Legal documentation (if applicable 1) <input type="radio"/> _____ <input type="radio"/> Other <p>Start Date _____</p>
