Summer Camp Registration for our

**SUPER SUMMER CAMP 2015**

*Where Everybody is Somebody*!

Welcome and thanks for being a special part of our Super Summer Camp. The entire staff at the W.L. Whelchel Family Life Center are excited and pleased that you have selected our camp for your summer fun and learning experience.



Kids will be engaged in various arts and crafts to tap into their creative talent. We offer a variety of other fun recreational learning activities at the center as well as in the community in order to build teamwork and cooperation.

 





**From the Pastor**…Thank you so much for allowing us to provide a safe playful environment for your child(ren) at our Super Summer Camp. It is our sincere hope that all campers truly had an amazing time. See You All Next Year:)

2015 Super Summer Camp Registration Form---**Please print clearly**

Camper’s Information:

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

Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_\_

Upcoming Grade: \_\_\_\_\_\_\_\_ Sex:\_\_\_\_\_\_\_\_

Mother: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_

Father: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_

Employer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_

Employer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_

Additional children:

M/F First:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_ DOB:\_\_\_\_\_\_

M/F First:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_ DOB:\_\_\_\_\_\_

M/F First:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_ DOB:\_\_\_\_\_\_

The W.L. Whelchel Family Life Center welcomes people of all races, creeds, and nationalities with love and joy. All are encouraged to register for our Super Summer Camp where EVERYBODY IS SOMEBODY!!!

CAMP INFORMATION…

* Camp begins June 1 and ends July 31 2015
* Begins promptly at 8:30 a.m. and ends at 5:30 p.m.
* Super Summer Camp cost is $125 per month.
* Ages range from 4-18.

PARENT’s…

* Should arrive with camper for camp at least 30-45 minutes prior to camp starting time. IF AN EARLIER TIME IS NEEDED, IT SHOULD BE ARRANGED WITH THE CAMP COORDINATOR IN ADVANCE,
* Should pick up camper promptly at ending time (5:30). IF A LATER TIME IS NEEDED, IT SHOULD BE ARRANGED WITH THE CAMP COORDINATOR IN ADVANCE.
* Please know that NOT prearranging an early drop off or late pick up will result in the removal of your child(ren) from the camp.
* Please know that if your child(ren) is removed from the camp, no refund will be granted.
* Be aware that the full $125 for the month of June is due at registration.

CAMPERS…

* Are expected to display a positive attitude.
* Are expected to show respect for self and others.
* Are expected to treat staff and fellow campers the way they want to be treated.
* Are expected to follow the rules set forth by the Camp Staff.
* Are expected to have fun, fun, fun, and more FUN!!!

Contact the following with questions or concerns…

* Pastor Walter J. Whelchel-Overseer-770-561-0214
* Rhonda Whelchel-Program Coordinator-678-936-4712
* Tony Whelchel-Facility Director-678-617-9913

Parent Orientation Acknowledgement Forms

Please complete and return before leaving. A copy will go in each member’s file. Thank you

I have received the orientation Guide and have attended an orientation session. I agree to adhere to and abide by the policies of the Center as stated in the orientation guide. I also agree to further review Center policies with my child, assuming responsibility for their behavior while in attendance at the W.L. Whelchel Family Life Center.

Parent/Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(child’s name) will abide by the rules and regulations while in attendance at the W.L. Whelchel Family Life Center.

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_

W.L. Whelchel Family Life Center

AUTHORIZATION TO ADMINISTER BASIC FIRST AID/MEDICATION

Child’s Name: Age:

Please check the appropriate box authorizing basic first aid treatment and/or the administration of approved medications.

NOTE: An unchecked box means that aid or medication will not be administered.

o I authorize administration of basic first aid, including but not limited to: splinter removal, antibiotic cream, Band-Aids and ice.

Unauthorized Treatments:

o I authorize mu child to take the prescribed medications listed below:

Date(s) to administer: From:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medicines Name(s) Time(s) to administer Dosage Amount

NOTE: Please be advised that the W.L. Whelchel Family Life Center and its staff are not responsible for any reactions to medications or missed dosages. All medications must come in the prescribed containers with the child’s name printed on it. By signing below, you acknowledged and agree to the above listed conditions.

Parent/Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

CENTER

Medical Release Form

By signing below, you are giving the WLWFLC staff permission to seek medical treatment for you child in the event of an emergency which requires the need to have your child transported to the doctor or the hospital emergency room.

We will make every attempt to reach you or your listed emergency contact. However, if you cannot be reached we must have written consent to seek medical treatment for your child, or doctor will not treat him/her.

Please sign

By signing below, I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give the staff of the WLWFLC

(parent or legal guardian sign above)

permission to seek emergency medical treatment for my child if I cannot be reached.

Child’s name: (print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that every attempt will be made to contact me in case of such an emergency. Furthermore, I understand that treatment may include emergency transportation, x-rays, surgery or dental care for my child, and I agree to assume responsibility for charges associated with or any other treatment given to my child.

Parent or Legal Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_

W.L. Whelchel Family Life Center

Waiver Agreement Form

HOLD HARMLESS AND LIABILITY RELEASE AND WAIVER AGREEMENT

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have voluntarily submitted my child for participation in all Life Center activities. I certify that I am fully aware of and understand the inherent dangers in participating in these programs. I understand and agree that the WLWFLC staff or any other members will not be responsible for my child’s safety nor will any of these parties or individuals serve as a guardian of my child’s safety.

I understand and agree that neither the WLWFLC staff or any other members, or any other individual or entity associated with WLWFLC, may be held liable in any way for any occurrence or event in connection with my child’s participation in the program.

I will hold harmless the above mentioned parties from any claim by me or my child or any entity on behalf or myself or my child, arising out of my child’s participation in the program.

I further state that I am of lawful age and legally competent to sign this agreement, and that my signing this agreement is my own free act. I also understand and agree that the terms herein are contractual, and they are not a mere recital or simply for information purposes. I have read, understood, and fully informed myself of the contents of this agreement. I assume responsibility for my child’s physical condition and capability to perform under the program.

Child’s printed name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_

Parent or Legal Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_

W.L. Whelchel Family Life Center

TRAVEL PERMIT FORM

By signing below the parent(s) of the youth agree that neither the WLWFLC nor their representatives, shall be held liable for any accidents or misfortunes while in route to, or returning from the WLWFLC outings.

The WLWFLC must have this permit signed by the parent(s) before the youth is allowed to travel with the Center on any outings during the school year and/or summer program.

This form only gives permission for youth to travel with the WLWFLC. A parent’s signature must be on a sign-up sheet for each field trip before the youth will be allowed to attend that filed trip or outing. A youth may only attend field trips open to their age group. Some field trips may have limited capacity; these sign-ups will be on a first come first serve basis.

Child’s name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Legal Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Birthdate:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I authorize permission for my child to travel with the WLWFLC during the following times…

NOTE: Unchecked means permission IS NOT granted during that specific time frame and the child WILL NOT be allowed to travel even when space is available.

oI authorize travel during the school year program ONLY

oI authorize travel during the summer program ONLY

oI authorize travel during both the school year and the summer programs

I hereby give permission to travel with the WLWFLC to any field trips or outings that I sign him/her up for during the school year and/or summer program.

Parent or Legal Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_

W.L. Whelchel Family Life Center

INTERNET SAFETY ACKNOWLEDGEMENT FORM

1.I will not give out personal information such as address, telephone number, parent’s work address/telephone number, or the name and location of my school.

2.I will tell the Tech Center Instructor if I come across any information that makes me feel uncomfortable or is inappropriate.

3.I will never agree to get together with someone I met online.

4.I will never send a person my picture or anything else.

5.I will not respond to any messages that are mean or in any way make me feel uncomfortable. It is not my fault if I get a message like that. If I do I will tell the Tech Center Instructor right away so that they can contact the service provider.

6.I will not give out my Internet password to anyone (even my best friends) other than my parents.

7.I will be a good online citizen and not do anything that hurts other people or is against the law.

Member Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Legal Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_

Rules 1-6 are adapted from the brochure Child Safety on the Information Highway by SafeKids.com founder Lawrence J. Magid.

Computer/Internet and Email Usage Rules

The W.L. Whelchel Family Life Center is pleased to offer access to a computer network for electronic mail and the Internet. To gain access to email and the internet, all persons must obtain parental permission verified by signatures on the attached form. Should a parent prefer that a student not have email an internet access, use of computers is still possible for more traditional purposes such as word processing.

Computer Users

Computer users are responsible for appropriate behavior on the Center’s computer network. Communications on the network are often public in nature. General Center rules for behavior and communications apply. It is expected that users will comply with Center standards and the specific rules set forth below. The use of the network is a privilege, not a right, and may be revoked if abused. The users are advised never to access, keep, or send anything that they would not want their parents or staff to see.

What are the rules?

Privacy-The Technology Center Directors may review communications to maintain system integrity and will ensure that computer users are using the system responsibly.

Storage Capacity: No personal electronic material will be left on any WLWFLW c9omputer hard drives. All material that is desired to be saved may be written to external storage devices i.e. jump drives, flash media, CDs etc.

Illegal Copying-Club members should never download or install commercial software, shareware, or freeware onto network drives or disks, unless they have permission from the Tech Center Director.

Inappropriate Materials of Language-Profane, abusive or impolite language should not be used to communicate nor should materials be accessed which are not in line with the rules of Center Behavior. A good rule to follow is never to view, send, or access materials that you would not want your Center Staff or your parents to see. Should members encounter such material by accident, they should report it to the Tech Center Director immediately.

Guidelines

These are guidelines to follow to prevent the loss of network privileges at WLWFLC.

1.Do not use a computer to harm other people or their work.

2.Do not damage the computer or network in any way.

3.Do not interfere with the operation of the network by installing illegal software, shareware, or freeware.

4.Do not violate copyright laws.

5.Do not view, send, or display offensive messages or pictures.

6.Do not share your password with another person.

7.DO not waste limited resources such as disk space or printing capacity.

8.Do not trespass in another’s folder, work, or files. etc

9.Notify any adult immediately if by accident you encounter materials that violate the Rules of Appropriate Use are violated.

W.L. Whelchel Family Life Center

USER AGREEMENT/PARENT PERMISSION FORM

As a parent or guardian of a child attending WLWFLC, I have read and understand the attached information regarding the appropriate use of computers at the center, and I understand that this agreement will be kept on file at the center. Please fill out all sections in these documents.

Section A:

Please check all that apply

oMy child can use email and the Internet while at the WLWFLC as outlined in the Rules of Appropriate Use.

oI prefer that my child’s work and photographs not be published on the Internet.

Section B:

As a user of the Center’s computer network, my child and I agree to comply with the above stared rules and use the network in a constructive manner. In addition, I understand that all precautions will be taken to ensure my child is protected from inadvertently connecting to an inappropriate site. In the event that an incident does occur, my child will report the incident immediately to the Tech Instructor.

Member Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Legal Guardian Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

W.L. Whelchel Family Life Center

INTERNET SAFETY ACKNOWLEDGMENT FORM

1. I will not give out personal information such as addresses, telephone numbers, parent’s work address/telephone number, or the name and location of my school.
2. I will tell the Computer Lab instructor if I come across any information that makes me feel uncomfortable or is inappropriate.
3. I will never agree to get together with someone I met online.
4. I will not respond to any messages that are mean or in any way make me feel uncomfortable. It is not my fault if I get a message like that. If I do I will tell the Computer Lab instructor right away so that they can contact the service provider.
5. I will never send a person my picture or anything else.
6. I will not give out my internet password to anyone other than my parents.
7. I will be a good online citizen and not do anything that hurts other people or is against the law.

Member Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Legal Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_

Rules 1-7 are adapted from the brochure of Child Safety on the information Highway by the SafeKids.com founder Lawrence Magid.

W.L. Whelchel Family Life Center

SAFETY PICK-UP

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ authorize the following person)s) to pick up my child(ren) from the Super Summer Camp at the W.L. Whelchel Family Life Center. I agree that upon this/these person(s) picking up my child(ren) a proof of identification will be required before allowing my child(ren) to depart from the building.

The following have permission from me\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to pick up my child(ren) from the Super Summer Camp at the WL Whelchel Family Life Center.

Designated person(s):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rev. Walter James Whelchel, III –Pastor

Min. Rhonda Whelchel-Program Director

WL Whelchel Family Life Center

Return Check Policy

For all payments given to the above establishment in the form of a check, there will be a $30 service charge for returned checks. This must be made good within 3 days of the notification of the returned check, and if the returned check is not taken care of in the given time stated, it will result in the dismissal of your child(ren) from the Super Summer Camp.

Parent Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rhonda Whelchel-Program Director

3 Strike Rule

YOU’RE OUT

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, understand that my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is to abide by the rules set forth by the center’s administration. Upon my child’s third infraction, I understand that the center’s administrative staff reserves the right to remove my child from attending the Super Summer Camp. I also understand that no refund will be granted to the parent of said child.

Additional children:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pastor Walter James Whelchel, III

Min. Rhonda Whelchel-Program Director

Tony Whelchel-Executive Director