APPLICATION FOR SUMMER FUN CAMP 2025

Child Name_____ Birth Date_____

Address_____

Parents E-mail_____

*Please write in your requested **drop-off and pick-up times (Ex. 9:00-3:00)** in the boxes below.

*Choose either 5 or 4 days per week (4-day minimum requirement)

*Fees: 9:00 – 3:00 Session…5days/wk. $185… 4 days/wk. $160 (5 week minimum required)

	Dates	Monday	Tuesday	Wednesday	Thursday	Friday
Week 1	6/23 – 6/27					
Week 2	6/30 – 7/4					Closed
Week 3	7/7 – 7/11					
Week 4	7/14 - 7/18					
Week 5	7/21 – 7/25					
Week 6	7/28 – 8/1					
Week 7	8/4 – 8/8					
Week 8	8/11 – 8/15					
Week 9	8/18 – 8/22					

I understand that this application will secure enrollment space in this program and the fee is non-refundable. I have read and received a copy of the **INFORMATION TO PARENTS** prepared by the bureau of licensing in the Division of Youth and Family Services, the **DISCIPLINE POLICY,** the **ADMISSIONS REQUIREMENTS AND REGISTRATION PROCEDURE,** and **the POLICY ON PAYMENT OF TUITION** and I understand my responsibilities. I release the school from liability for accident in connection with school activities and trips. In case of injury, if I am not able to be contacted, the school has my permission to contact the Physician/Hospital listed below, if I have a choice**. (GIVE FULL NAME, ADDRESS AND PHONE NUMBERS)**

EMERGENCY RELEASE: Persons authorized to pick up your child and/or contact in case of emergency

Name _____Phone #_____

Address_____ Relationship to Child _____

Name _____Phone #_____

Address_____ Relationship to Child _____

Child's Doctor_____ Phone #_____

Preferred Hosp_____

IN THE EVENT THAT NEITHER PARENT CAN BE REACHED, WE GIVE WISE OWL LEARNING CENTER OF KINNELON, INC. (OWNER, DIRECTOR, STAFF MEMBER) PERMISSION FOR EMERGENCY MEDICAL TREATMENT.

Parent's Signature_____ **Date**_____

STATEMENT OF HEALTH:

Is your child under any medical/physical restrictions? ____ Yes ____ No (Check all that apply)

Asthma _____ Hearing _____ Loss Convulsions _____ Diabetes _____ Insect Sting Reactions _____
Food Allergies _____ Medicine Allergies _____ Other: _____

Is your child taking any medications? Yes ____ No ____ Is yes, please list: _____

Has your child been under a doctor's care or hospitalized for any reason within the last three years?
Yes ____ No ___ If yes, please explain: _____

Are there any medical problems/restrictions/behaviors that we should be aware of? Yes ____ No _____
If yes, please explain: _____

Is your child allergic to any medications/food/insects? Yes ____ No ____
If yes, please list: _____

My child is in good physical health, has no special needs, and may participate in all the activities of the Wise Owl Learning Center Program, except as noted. In case of a medical emergency while at the center, I understand that the center will make an effort to reach a parent(s)/guardian(s) immediately. If it is not possible to contact either of us, or the designated emergency contact(s), I authorize the center to obtain professional medical treatment for my child including transportation to the nearest hospital. The center will not be responsible for complications that may occur as a result of false information given at the time of enrollment.

Parent/GuardianSignature _____ Date: _____

CHILD BEHAVIOR POLICY:

The following out-of-control child behavior shall be deemed unacceptable and inappropriate: • Biting, kicking, throwing of objects or any purposeful action that causes bodily harm or is intended to do so The following repercussions will occur at the Center's discretion:
• This behavior may result in a 2-day suspension from Wise Owl Learning Center.
• Any bills that the injured party shall incur due to required medical treatment in connection with the inflicted injury shall be paid for by the parents of the child causing the injury.
• A second offense may result in expulsion from our Center and termination of the offensive child's contract, effective immediately.
I have read, understand, and agree to the above Child Behavior Policy. I have also read and understand the Information to Parents and Expulsion Policy. My child will not be permitted to attend Wise Owl Learning Center without my signature below.

Parent/Guardian Signature _____ Date: _____

NEIGHBORHOOD WALK PERMISSION:

I give permission for my child to join Wise Owl Staff on neighborhood walks.
This is for the purpose of our evacuation plan, which entails crossing Kinnelon Road and entering The Reformed Church of Kinnelon.

Parent/Guardian Signature _____ Date: _____

Before you hand in this application, please check to make sure you filled in all the information. Check that you selected the class and hours you need, filled in a current email address as this is our primary means of billing and sharing IMPORTANT information throughout the school year, and sign all the locations requested.