

# THE WESTWOOD SCHOOL

## SUMMER CAMPS 2020

CHILD'S NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

### REGISTER IN 3 STEPS:

1. Fill out this 2-page form for each child you are registering plus submit the additional **Health Questionnaire** related to COVID-19. If your child is *\*not\** a current Westwood student, provide current immunization records along with any of the following forms that apply to your student: *Severe allergy, Severe asthma, Inhaler Self-Carry Permission Form*
2. **Sign the form and submit:** Email to Summer@westwoodschoo.org OR Mail or Drop off: The Westwood School, 14340 Proton Rd, Dallas 75244
3. **Pay:** We accept checks and all credit cards\*\*

CAMP WEEKS & THEMES:	3-5 Year Olds (9am-noon)	3-5 Year Olds (9am-3pm)	Rising 1st-6th graders	Extended Day (3-6pm): \$60	Total Cost Per Week
<b>Week 1: June 1st - 5th (cancelled)</b>					
Jumpstart Summer	\$140	\$265	\$290		
<b>Week 2: June 8th - 12th</b>					
Outdoor Adventures	\$140	\$265	\$290		
<b>Week 3: June 15th - 19th</b>					
Kids Rock!	\$140	\$265	\$290		
<b>Week 4: June 22nd - 26th</b>					
Cool Wheels	\$140	\$265	\$290		
<b>Week 5: June 29th - July 3rd</b>					
Ages 3-5: Under the Sea Rising 1st-6th Graders: Shark Tank	\$140	\$265	\$290		
<b>Week 6: July 6th - 10th</b>					
Ages 3 - Rising 2nd Graders: Builder's Dream Rising 3rd - 5th Graders: Olympia Summer Academy	\$140	\$265	\$290 \$300		
<b>Week 7: July 13th - 17th</b>					
Kid Nation	\$140	\$265	\$290		
<b>Week 8: July 20th - 24th</b>					
It's a Festival!	\$140	\$265	\$290		
<b>Week 9: July 27th - 31st</b>					
Dare to Have FUN	\$140	\$265	\$290		
<b>Week 10: August 3rd - 5th (3 days)</b>					
Summer Cool Down	\$100	\$200	\$200		

**PAYMENT:** *If a camp must be cancelled for any reason, a full refund will be given.*

To receive "Early Bird Discount", payment in full must be received by May 1, 2020. Otherwise, payment in full is due with registration.

**Special Payment Option** available when you register a student in 4 or more weeks of camp: 50% payment with registration and balance due June 21, 2020. "Early Bird Discount" will not apply.

Subtotal: \$ \_\_\_\_\_

(+) Registration Fee: \$ 35.00 \_\_\_\_\_

(-) Early Bird Discount\*: \$ - \_\_\_\_\_

\*Register & pay in full by May 1st for \$50 discount

Total Due: \$ \_\_\_\_\_

**METHOD OF PAYMENT:**  Payment in Full  Special Payment Option for 4+ Camps

**Pay by Check:** (made out to The Westwood School) Amount Paid: \_\_\_\_\_ Check # \_\_\_\_\_

**Pay with Credit Card on File** (current families only - current credit card must be on file with office)

**Pay by Credit Card using Tuition Express\*\*** (We accept all major credit cards. For Credit Card Authorization, complete form below)

I (we) hereby authorize THE WESTWOOD SCHOOL, CORP\_ (called "CENTER" in this Authorization) to initiate credit card charges to the below referenced credit card account for the purpose of collecting childcare related payments. I (we) understand that the charges to the below referenced credit card account will be based on charges that are due and payable at the time of the credit card transaction. I (we) understand that this agreement is between myself (us) and the below referenced "CENTER". I (we) authorize CENTER to utilize Tuition Express\* to capture, create, and transmit all credit card information. I (we) indemnify and hold harmless, Tuition Express from any and all liability resulting from any and all transactions. All disputes will be directed to and addressed by and between CENTER and the below signed cardholder. I (we) understand that to properly affect the cancellation of this agreement, I (we) are required to give CENTER written notice of revocation. A minimum of 5 business days is required to affect revocation.

Cardholder Name \_\_\_\_\_

Phone # \_\_\_\_\_

Cardholder Billing Address \_\_\_\_\_

Account Number \_\_\_\_\_

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

Exp. Date \_\_\_\_\_

Security Code \_\_\_\_\_

Cardholder Signature \_\_\_\_\_

Date \_\_\_\_\_

\*\*Tuition Express is an assumed business name of Blum Investment Group, Inc.

**Information and Release Form**

*This form is due three weeks prior to your child's camp start date.*

Child's Name \_\_\_\_\_  Male  Female  
FIRST M.I. LAST

Birthdate \_\_\_\_\_ Grade in Fall 2020 \_\_\_\_\_ School \_\_\_\_\_

Address \_\_\_\_\_  
STREET CITY STATE ZIP

**PRIMARY HOUSEHOLD**

Parent/Guardian \_\_\_\_\_ Parent/Guardian \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Email Address \_\_\_\_\_

Driver's License # \_\_\_\_\_ Driver's License # \_\_\_\_\_  
FOR PICK-UP AUTHORIZATION (Contact the Summer Director for additional pick-up authorizations) FOR PICK-UP AUTHORIZATION (Contact the Summer Director for additional pick-up authorizations)

**ADDITIONAL HOUSEHOLD – PLEASE LIST ON SEPARATE SHEET**

Child lives with:  Both Parents  Mother  Father  
*\*Divorce documentation must be on file. Primary custodial parent must inform the school in writing every day that the child should be released to the non-primary custodial parent.*

**STUDENT HEALTH INFORMATION**

Check One:  My child is a current Westwood student and the immunization record on file at The Westwood School is up-to-date.  
 I will provide a current immunization record for my child's attendance in Westwood Summer Camps.

**HEALTH CONDITIONS – Does your child have the following: (Additional information may be required. Allergy and Asthma Forms available online.)**

Asthma  Yes  No Severe Allergies  Yes  No Please Specify: \_\_\_\_\_  
If yes, an Asthma Plan is REQUIRED. If yes, a Severe Allergy Action Plan is REQUIRED.

Diabetes  Yes  No Seizures  Yes  No

Please list/describe any other health conditions, hospitalizations, daily medications, serious injuries, or other concerns: \_\_\_\_\_  
\_\_\_\_\_

Name of Child's Doctor \_\_\_\_\_ Phone Number \_\_\_\_\_ Address \_\_\_\_\_

**EMERGENCY CONTACT (In the event that either parent cannot be reached, please provide an Emergency Contact that is not a parent of this child.)**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_  
STREET CITY STATE ZIP

**AUTHORIZATIONS - The undersigned parent or guardian gives permission for all releases below.**

**RELEASE AND AUTHORIZATION TO PARTICIPATE IN WESTWOOD SUMMER CAMP**

I give my consent for my child to participate in Westwood summer programs. I understand that by participating in Westwood Summer Camps, my child will be exposed to the risk of injury. I understand, acknowledge, and agree that The Westwood School does not assume responsibility in case an accident occurs. In consideration for my child being permitted to take part in such activities, I hereby agree to waive, release, indemnify, and hold harmless The Westwood School, its Trustees, Head of School, Administration, Faculty, Employees, Volunteers, together with all persons, including the parents of The Westwood School assisting with Westwood Summer Camps from any and all claims, suits, losses, damages, cause of action, expenses of litigation and/or settlement, or other liability by reasons of any accident or injury suffered by my child, which may arise in connections with this activity, whether or not caused by or alleged to be caused by the negligence of The Westwood School or any Release.

For value received and without further consideration, I hereby consent that all photography and video taken of my child at The Westwood School during school functions may be used in any manner, including online channels, by said school for purposes of illustration, advertising, or publication.

Yes  No I hereby give consent for my child to participate in water activities including splashing pools, wading pools, swimming pools, and other bodies of water.

Yes  No I hereby give my consent for my child to be administered Tylenol according to the directions on the bottle. For other medications, I will complete a Medicine Administration Form to provide written permission.

Yes  No In the event that I cannot be reached to arrange for emergency medical attention, I authorize the facility director or person in charge to obtain emergency medical care including taking my child to the closest medical facility for emergency care.

Yes  No I give permission to the staff of The Westwood School to apply Sunscreen and/or Diaper Rash Cream as needed to my child, if applicable.

I am financially responsible for payment based on this registration agreement, and I agree to pay all tuition and fees indicated on the Registration Forms. I have read the Westwood Summer Camp paperwork, and I agree to all terms on these forms.

Parent/Guardian Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_