



Camp W.E.S.T.

“Where **W**here **E**veryone **S**hines **T**ogether”

2022 SUMMER CAMP

ENROLLMENT APPLICATION

For Ages 5 (*must have completed kindergarten*) to 12

710 N. LINCOLN STREET • WILMINGTON, DE 19805

302.658.4171

WWW.WESTENDNH.ORG

GREETINGS CAMP W.E.S.T. FAMILY!

We are so pleased that you have decided to enroll your child(ren) in The Camp W.E.S.T. Fun-Zone for the summer of 2022. We are currently accepting campers ages 5 (who have completed kindergarten) to 12 on a first-come, first-served basis.

This summer, we are excited to offer field trips, swimming, Reading is Fundamental, Too Good for Drugs and Violence, and much more.

Some important facts for you to know:

- **Camp dates** – June 21 through August 26
- **Camp days** – Monday through Friday
- **Camp times** – 7:00 a.m. to 5:30 p.m.
- **Holiday closings** – Monday, June 20 (Juneteenth) **and** Monday, July 4 (Independence Day)
- **Purchase of care** – Accepted
- **Purchase of care Site ID** – 1710329800
- **Private-pay fees** - \$140.00 per week (The drop-in fee is \$45.00 per day.)

In order to enroll your child in The Camp W.E.S.T. Fun-Zone, the following items are required:

- ❖ A completed enrollment application
- ❖ Copy of current physical and immunization record (dated no more than one year prior to the date of program enrollment)
- ❖ Copy of health insurance card
- ❖ Copy of Individualized Education Program (if applicable)
- ❖ Copy of 504 Plan (if applicable)
- ❖ Copy of court orders on custody and visitation arrangements (if applicable)
- ❖ Medication Administration Record (if applicable)
- ❖ First week of fees paid in full

THE CAMP W.E.S.T. Fun-Zone Fee Policies:

- ❖ The fee must be paid on the Friday before the upcoming week of service.
- ❖ After 5:30 p.m., a late fee of \$1 per minute will be charged. Late fees must be paid before your child is permitted to return.
- ❖ Fees are non-refundable.
- ❖ We will bill you \$140.00 each week. However, if your child did not attend two or more days in the previous week, your invoice will reflect a credit for those days.

I understand and agree to follow these policies.

Parent/Guardian Name

Parent/Guardian Signature

Date

CHILD INFORMATION CARD
State of Delaware
Department of Services for Children, Youth, and Their Families

Child's Information:

Child's Name:	Date of Birth:	Date of Enrollment:	Date of Discharge:
Child's Address:		Hours and days child is scheduled to attend:	

Parent/Guardian Information (1) Emergency Contact/Authorized to Pick-up Child	Parent/Guardian Information (2) Emergency Contact/Authorized to Pick-up Child
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Name:		Name:	
Address, if different from child's:		Address, if different from child's:	
Email Address:	Cell phone:	Email Address:	Cell phone:
Work phone:	Hours of employment:	Work phone:	Hours of employment:
Employer name and address:		Employer name and address:	

Additional Emergency Contacts and People Authorized to Pick-up Child

Name:	Address:	Phone:
Name:	Address:	Phone:
Name:	Address:	Phone:

Medical Information

Name of child's physician:	Physician's Office phone:
Special medical information, medications, allergies, diet:	Health insurance identification information:
	Name: _____
	Identification No. _____
	Group No. _____

*The above information is necessary for your child's protection and this facility is required to have it.
 Keep this information current. Created by the DE Office of Child Care Licensing. Revised July 2015. Facility must retain this information for 3 months after child is removed from care.*

SECTION: SCHOOL INFORMATION

1. **School** (entering in the 2022 – 2023 school year): _____
 2. **Grade** (entering in the 2022 – 2023 school year) : _____
 3. **IEP or 504 Plan:** Yes ____ No ____
If applicable, please attach a copy.
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SECTION: MEDICAL INFORMATION

Do you need a staff member to give your child medicine during the camp day?

If applicable, please request and complete a Medical Administration Record form. We cannot administer medication without this document.

PARENT/GUARDIAN AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

MEDICAL TREATMENT DISCLAIMER: The undersigned do hereby authorize West End Neighborhood House, Inc. or such substitute as s/he may designate as agent for the Undersigned to consent to any X-Ray, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care for the above named minor which is deemed advisable by and to be rendered under the general or special supervision of any physician and/or surgeon, licensed under the Provision of Medicine Practice Act or of any dentist licensed under the Dental Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or dentist, at a hospital, or elsewhere.

In the event that I cannot be reached in an emergency staff will attempt to contact those listed on the emergency contact list. Once staff have exhausted their attempts to reach an emergency contact, I hereby give permission for staff to transport my child to a hospital and admit secure proper treatment for, and to order injection, anesthesia and/or surgery for my child, as named above.

I release West End Neighborhood House, Inc., United Way and its agents from responsibility and hold harmless for any injury(ies) arising from participation in the programs of said agencies and the actions of the agents of said agencies.

Parent/Guardian Signature: _____ Date: _____

HOSPITAL EMERGENCY ROOM MEDICAL AUTHORIZATION

I, _____, the parent (or legal guardian) of _____, who is my minor child, hereby authorize emergency medical treatment for my child in the event I cannot be contacted to give permission to treat. I understand that I will be financially responsible for the cost of such treatment.

Parent/Guardian Signature: _____ Date: _____

AUTHORIZATION FOR EMERGENCY TRANSPORTATION AUTHORIZATION

I, _____, the parent (or legal guardian) of _____, who is my minor child, hereby give permission for my child to be transported by the licensee/staff/substitute to the nearest hospital for medical treatment.

Parent Signature: _____

Date: _____

SECTION: PAYMENT INFORMATION

I will use this payment method for my child's weekly camp fees:

Private-pay: _____

Purchase of Care: _____ Co-pay amount: _____

SECTION: ATTENDANCE (Please mark the weeks your child plans to attend camp.)

_____ Week One (1): June 21 – June 24

_____ Week Two (2): June 27 – July 1

_____ Week Three (3): July 5 – July 8

_____ Week Four (4): July 11 – July 15

_____ Week Five (5): July 18 – July 22

_____ Week Six (6): July 25 – July 29

_____ Week Seven (7): August 1 – August 5

_____ Week Eight (8): August 8 – August 12

_____ Week Nine (9): August 15 – August 19

_____ Week Ten (10): August 22 – August 26

SECTION: PURCHASE OF CARE PARENT/GUARDIAN CONTRACT AND FEE AGREEMENT FOR CHILD CARE

(Please complete only if you are authorized to receive Purchase of Care)

Child name:		Date of birth:
Parent/guardian name:		
Address:		Phone:
City:	State:	Zip code:

This Parent/Guardian Contract and Fee Agreement for Child Care is made between the West End Neighborhood House Camp W.E.S.T. Fun-Zone and (parent/guardian of the above child) _____ on (date) _____.

The Camp W.E.S.T. Fun-Zone agrees to provide child care for your child, as described in the mission and policies of its parent handbook.

Late Pick-Up Fee

A late pick-up fee of \$1.00 per minute will be assessed after 5:30 p.m. if you exceed the amount of time that Purchase of Care has authorized you per day. Please note that you are considered late if you surpass this time. For example, if you are authorized for ten hours per day, but you surpass it by 15 minutes when you pick up your child at 5:45 p.m., you will owe a \$15.00 late fee.

The late fee must be paid *before* your child may return.

Parent/Guardian Co-Pays

Your payment is due the Friday before the upcoming week of programming. Your current co-pay is \$_____.

Payments can be made in person with cash, credit cards, and debit cards. We also accept phone payments made with credit and debit cards. *We do not accept checks.*

The cost of field trips is not covered by Purchase of Care.

This contract is intended to remain in effect from the date of signing through August 26, the final day of The Camp W.E.S.T. Fun-Zone or the final day of your child's summer enrollment, whichever comes first. However, if your child should stop attending without prior notification, this contract will automatically end.

If you need to cancel this contract (due to a move, alternate care arrangements, POC expiration, etc.) you must provide Antwain Flowers or Elyona Bowe with a minimum notice of one week.

Should you want to reenroll your child, you will be required to complete a new contract.

By signing below, I acknowledge that I have read, understand, and agree to abide by the conditions of the Parent/Guardian Contract and Fee Agreement for Child Care, as well as those of the parent handbook. I understand that the Camp W.E.S.T. Fun-Zone administrative staff welcomes my questions and will answer them fully.

Parent/guardian signature: _____

Parent/guardian printed name: _____

Date: _____

SECTION: CHILD INFORMATION

PLEASE MARK AN "X" ON ALL THAT APPLY:

<input type="checkbox"/> My child has <u>NO</u> known allergies <input type="checkbox"/> My child has known allergies. Please list them: _____ _____	<input type="checkbox"/> My child has a behavioral disorder (ADHD, Asperger's syndrome, bi-polar, oppositional defiant, social-emotional, obsessive-compulsive, eating, etc.) or a developmental disability such as learning, autism spectrum, etc. Specify: _____
<input type="checkbox"/> Food Allergies <input type="checkbox"/> Other Allergies Specify: _____ <input type="checkbox"/> Asthma or respiratory condition	<input type="checkbox"/> Existing illnesses or injuries: _____ <input type="checkbox"/> Previous serious illnesses or injuries: _____

My child has previously attended Camp W.E.S.T. Yes _____ No _____

Please initial in each box below

My child is in sound physical and mental health and fully able to participate in all camp activities without the need of specialized attention or a medical regimen. My child's health and/or behavior will not negatively impact other children.

I agree to provide the Coordinator of Childcare Services or the Director of Youth Development with my child's current IEP, 504 Plan and any additional information on needed accommodations, if applicable. ***The Coordinator of Childcare Services or the Director of Youth Development must meet with the parent/guardian to review and discuss the IEP, 504 Plan, and any needed accommodations prior to the start of The Camp W.E.S.T. Fun-Zone.***

I agree to promptly advise the Coordinator of Childcare Services or The Director of Youth Development, in writing, of any change in my child's physical or mental health during his/her enrollment in The Camp W.E.S.T. Fun-Zone.

I agree to provide the Coordinator of Childcare Services or the Director of Youth Development with my a copy of my child's current health appraisal form, including the immunization record, and his/her health insurance card before my child's first day in The Camp W.E.S.T. Fun-Zone.

SECTION: ELECTRONICS POLICY

Cellular Phones, tablets, and other electronic devices can be a disruption to having what is most important in a summer camp: FUN! The Camp W.E.S.T. Fun-Zone staff wants to ensure that campers are fully engaged, without any external distractions. *Upon arrival, campers will be asked to put their phones away for the duration of the camp day.*

If you should need to reach your child, please contact us via phone, email, or HiMama. We will then relay your message.

If you should need to reach camp staff, please contact us via phone, email, or HiMama. You will no longer be able to contact staff on their personal cell phones.

All cell phones, tablets, and other electronic devices that are brought to West End are the full responsibility of the camper. West End Neighborhood House and its staff members cannot be held liable for damaged, lost, or stolen electronic devices.

We appreciate your support.

Parent/Guardian Signature

Date

SECTION: WALKER AUTHORIZATION

ARRIVAL – WALKING TO THE CAMP W.E.S.T. Fun-Zone

I hereby give permission for my child to walk to West End Neighborhood House to attend The Camp W.E.S.T. Fun-Zone. I understand that s/he must walk directly to West End and enter through the Youth Development Department doors. Upon entering the center, s/he should see a staff member in order to be checked in.

I understand that once a staff member checks in my child, s/he is then under the care and supervision of West End Neighborhood House.

West End Neighborhood House, United Way, and its agents are neither liable nor responsible for my child when s/he is en route to West End Neighborhood House.

Child Name: _____ Parent/Guardian Name (Print): _____

Parent/Guardian Signature: _____ Date: _____

DISMISSAL – WALKING FROM THE CAMP W.E.S.T. Fun-Zone

I hereby give permission for my child to walk home (or to a location I designate) from The Camp W.E.S.T. Fun-Zone.

I understand that once a staff member checks out my child, s/he is no longer under the care and supervision of West End Neighborhood House.

West End Neighborhood House, United Way, and its agents are neither liable nor responsible for my child once s/he leaves West End Neighborhood House.

Child Name: _____ Parent/Guardian Name (Print): _____

Parent/Guardian Signature: _____ Date: _____

SECTION: PRESS RELEASE

I hereby give permission to the Youth Development Department, West End Neighborhood House, and their assigns, licenses and legal representatives the irrevocable right to use, reproduce, or display my child's/ren's photograph, video, and audio recordings in all forms and media in all manners, including composite or distorted representations for advertising, trade, or other purposes, and I waive any right to inspect or approve the finished product, including a written copy that may be created in connection therewith.

Child's Name: _____ Date: _____

Parent/Guardian Signature: _____

SECTION: STATEMENT OF RELEASE OF LIABILITY/RESPONSIBILITY

While the West End Neighborhood House strives to provide quality services to the community and to be fair in its dealings with all participants; each participant is expected to be a responsible person. Cooperation with staff and other participants is expected at all times, as we each work diligently to achieve program goals.

However, some of our participants may fall short of agency goals. Therefore, West End Neighborhood House will not assume any responsibility or liability for any criminal actions committed by any participants during any activity held in the West End Neighborhood House building, on its premises, in any of its facilities, and during any of its field trips.

Participants displaying or participating in criminal activity, exhibiting a negative attitude, behavior or mischievous conduct, or in any way disrupting/preventing other participants from learning or participating in program activities may be subject to suspension or permanent expulsion from the program, in addition to facing related criminal charges.

I have reviewed the above statement and fully understand my responsibility, as well as the fact that West End Neighborhood House will not assume any responsibility for my child's/children's actions, criminal or otherwise.

Child's Name: _____ Parent/Guardian Signature: _____

Date: _____

PARENTS RIGHT TO KNOW NOTICE

Under the Delaware Code, you are entitled to inspect the active record and complaint files of any licensed childcare facility. To review a childcare facility record contact: The Administrative Specialist, Office of Childcare Licensing, 3411 Silverside Road, Concord Plaza, Hagley Building, Wilmington, Delaware 19810. The phone number is 302-892-5800.

You may also view substantiated complaints and compliance review histories by visiting the Office of Child Care Licensing's child care search at <https://kids.delaware.gov/occl/search-for-child-care.shtml>

Parent Signature

Date

SCREEN TIME PERMISSION

Per the Office of Childcare Licensing, children over the age of two may have an educational video, movie, or game incorporated into their curriculum. These may be viewed on a television, computer, tablet, or gaming device. These will be age-appropriate and limited to one hour per day unless a special occasion or activity occurs. Children will be closely supervised while using the internet.

Parent Signature

Date

SWIMMING PERMISSION

I hereby give my child, _____, permission to participate in swimming activities to be held at Eden Park Pool and the YMCA. I understand that a lifeguard will be present at all times.

I release West End Neighborhood House, Inc., its agents, Eden Park Pool, and the YMCA from responsibility and hold harmless for any injury(ies) arising from participation in the programs of said agencies and the actions of the agents of said agencies.

My child is a:

_____ Non-swimmer

_____ Beginning swimmer

_____ Intermediate swimmer

_____ Advanced swimmer

Thank you for deciding to enroll your child in
The Camp W.E.S.T. Fun-Zone for the Summer of 2022!

A member of The Youth Development Department will call you to discuss enrollment and next steps.

If you have any further questions, please do not hesitate to contact Carey Berry at 302.658.4171 or cberry@westendnh.org

Camp W.E.S.T.

“Where Everyone Shines Together”



Office Use Only

- ___ Enrollment application completed
- ___ Current physical and immunization record (dated no more than one year prior to the date of enrollment)
- ___ Copy of health insurance card
- ___ Copy of IEP (if applicable)
- ___ Copy of 504 Plan (if applicable)
- ___ Copy of court orders on custody and visitation arrangements (if applicable)
- ___ Medication Administration Record (if applicable)
- ___ First week of fees paid in full (if private-pay or POC co-pay)
- ___ Private-pay
- ___ POC \$_____ Co-pay amount (if applicable)

Child name: _____

Enrollment approved: Yes No

Administration signature: _____

Date: _____

Comments: _____
