



2014 SKILLS FOR LIFE SUMMER CAMP REGISTRATION FORM

1200 W. Canfield Street, Detroit, MI 48201
Office: (313) 832-4770 Fax: (248) 357-2711
Email: woodbridgecenter@yahoo.com



Welcome and thank you for registering your child in our summer camp!
Please read the instructions carefully and fill out this form completely,
for each child you wish to register. Please print.

Child's Last Name: _____ First Name _____ Middle Initial _____ DOB: ____/____/____
Gender: Male Female
Age: _____ School: _____
Grade level in fall 2014: _____

T-Shirt size child sizes: small, medium, large adult sizes: small, medium, Large, extra large, 1X (Adult size)

Circle any ACTS/WCYC Programs this child has attended since 2007: After School program, Summer Camp 07 / 08 / 09 / 10, 11, 12, 13 Pee Wee Basketball, Soccer, Volleyball, Flag Football, Basketball, baseball Academy, Baseball team

Please list the name(s) of any sibling(s) you are also registering for the Skills for Life Summer Camp 2014:

Parent/Guardian—1 Primary contact person

Parent/Guardian –2 Secondary contact person

Name: _____

Name: _____

Street Address: _____

Street Address: _____

City/Zip: _____

City/Zip: _____

Work phone: _____

Work phone: _____

Home phone: _____

Home Phone: _____

Email address: _____

Email address: _____

Emergency Contact Information: Please provide very reliable contact information for at least 2 adults other than the above parent/guardian(s).

1. Name: _____

Phone: _____

2. Name: _____

Phone: _____

Please place an check next to their name if it is okay for them to pick-up the child.

Medical information:

Does this child have any special needs, restrictions, allergies, asthma, ADHD, ADD, LD, hearing or visually impaired etc.

If the child has asthma, please make sure they have an inhaler with them on a daily basis.

We cannot administer medication, if at all possible please administer medication before child's arrival at camp.

Camp will run for seven weeks from June 23, 2014 through August 8, 2014. Field trips will be held every Friday. Field Trip dates: June 27, July 4 (no camp/field trip national holiday), July 11, July 18, July 25, August 1 and August 8. Latchkey is available on Fridays. Weekly field trip cost is not included in weekly camp fee.

Field trips include: Bowling, Skating, water park, Greenfield Village, CJ Barrymore, Movie day,

_____ Staff initial

IMPORTANT

Camp sessions run Monday through Thursday 8:30am to 4:00pm. Field trips are scheduled every Friday. Latchkey 7:30am—8:30am and 4pm to 5pm Monday through Friday.

Consent:

My signature on this form indicates that as parent/guardian of the above named child who will be participating in ACTS Skills for Life 2014 Summer Camp I agree to the following: I give permission for my child to participate in program including field trips, special activities and to be photographed. If I do not want my child to participate in a particular activity I will inform ACTS personnel in advance.

I understand that ACTS Woodbridge Community Youth Center personnel will not administer medications to my child. I agree that my child will abide by the following rules: no smoking, weapons drugs or alcohol. No profanity, loud or boisterous language, negative behavior (fighting or bullying).

I understand that my child needs to be respectful to all adults.

I agree that my child will abide by the *dress code of no halter or tube tops, do-rags, wife-beaters, daisy-dukes (hot pants), tee shirts with profanity, drugs or alcohol on them, boys pants must cover their underwear. Gym shoes must be worn to participate in daily sports activities.* I understand that full participation is expected of each child.

I understand that breakfast and lunch will be provided to my child Monday through Thursday. Fridays are field trip days, please provide your child with breakfast and a sack lunch on Friday only. Parents are encouraged to send bottled water (to maintain hydration) .

I understand that I must sign my child in and out of camp daily.

Payment Information: Payment may be made by check, cash, credit card or money order. Please make checks payable to: Woodbridge Community Youth Center. Weekly camp fee \$75 for one child. Sibling discount for 2 siblings \$130. Latchkey \$7 a day (before and after care) or \$25 per week.

Registration Fee in the amount of \$25 is a one time non-refundable, non-transferable fee due at the time of registration . Registration fee is waived for those paying for entire 7 weeks at the time of registration or for parents registering two or more siblings.

Our camp is a 7 week camp, payment schedule is as follows:

Total cost one child \$525 , deposit of \$262.50 due at registration. Total cost 2 Sibling discount \$910, deposit of \$455 due at registration. All balances due on Friday, July 11, 2014.

Please only check the weeks (including before and after care) being secured with payment.

Week 1 June 23—27	<input type="checkbox"/>	Before care	<input type="checkbox"/>	After care	<input type="checkbox"/>
Week 2 June 30-July 3	<input type="checkbox"/>	Before care	<input type="checkbox"/>	After care	<input type="checkbox"/>
Week 3 July 7-11	<input type="checkbox"/>	Before care	<input type="checkbox"/>	After care	<input type="checkbox"/>
Week 4 July 14-18	<input type="checkbox"/>	Before care	<input type="checkbox"/>	After care	<input type="checkbox"/>
Week 5 July 21-25	<input type="checkbox"/>	Before care	<input type="checkbox"/>	After care	<input type="checkbox"/>
Week 6 July 28-Aug. 1	<input type="checkbox"/>	Before care	<input type="checkbox"/>	After care	<input type="checkbox"/>
Week 7 Aug. 4– Aug. 8	<input type="checkbox"/>	Before care	<input type="checkbox"/>	After care	<input type="checkbox"/>

We will be closed 7/4/14 for Independence Day.

Parent/Guardian Signature: _____

Date: _____