

**WESTSIDE  
KIDS CAMP**



**APPLICATION**

**summer  
2021**

**K-5TH GRADE**

**PRESCHOOL OPPORTUNITIES YEAR ROUND**

8610 W. 10TH ST.

INDIANAPOLIS, INDIANA 46234

317.271.7607

[WWW.CAMPONTHEWESTSIDE.COM](http://WWW.CAMPONTHEWESTSIDE.COM)

[CGREENE@WSNAZ.ORG](mailto:CGREENE@WSNAZ.ORG)

**SPONSORED BY WESTSIDE CHURCH OF THE NAZARENE**



Westside Church of the Nazarene
8610 West 10th Street
Indianapolis, IN 46234
(317) 271-7607

Summer Camp Application Checklist

Enrollment requires all of the following items to be completed before your child may attend Westside Kids Camp:

- 1. Completed Application Packet
• includes all necessary signatures of guardian or parent
• includes Parent Pledge & Family History
2. Copy of Child's Birth Certificate (if not on file)
3. Current Physical and Shot Record (if not on file)
4. \$150 Activity Fee (4-7 weeks of attendance)
\$75 Activity Fee (1-3 weeks of attendance)
This fee is non refundable.

\*T-Shirt size: Youth [ ] Small [ ] Med [ ] Large
Adult [ ] Small [ ] Med [ ] Large

\* One shirt per child is provided by the Kids Camp

Additional t-shirts may be purchased for \$10 ea. Size \_\_\_\_\_ Quantity \_\_\_\_\_ Total Cost \_\_\_\_\_
(Please make all t-shirt checks payable to: "Westside Church of the Nazarene")

School child attends during the school year \_\_\_\_\_ Grade completed \_\_\_\_\_

Tuition Payment Policy:

Tuition Payment Methods: Parents are encouraged to use the convenience of the SmartCare Parent App to make payments online. You may also choose to pay by cash or check in the church office between the hours of 9:00am and 5:00pm.

Tuition is due on Monday of each week as agreed upon by the director and parents at time of enrollment. 5 days of non-payment will result in suspension until the bill is paid in full. Any extenuating circumstances that interfere with tuition payment should be discussed with the Kids Camp Director.

Possible Discounts Available:

- Individuals who attend Westside Church of the Nazarene and participate in tithing may be eligible for a 10% tuition discount.
The first child enrolled in a family is charged full tuition. All siblings of the first child enrolled are eligible for a 10% sibling discount. The discount applies to the lowest tuition rate billed.

Enrolled families are eligible for only one of the above described discounts.

XX

OFFICE USE ONLY

Date & Time received \_\_\_\_\_

Credit Card Payment \_\_\_\_\_

Activity Fee Paid \_\_\_\_\_

Check # \_\_\_\_\_

Cash Receipt # \_\_\_\_\_



8610 W. 10th Street  
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317-271-7607  
[www.camponthewestside.com](http://www.camponthewestside.com)

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Parents,

Westside uses a childcare management system called Smart Care.

SmartCare is a cloud-based, real-time technology that enables parents to be connected in real time through your own mobile devices and via web portal.

**Mobile Features** - You will be able to view billing account information, pay by debit card, credit card or by checking account on the Parent App, or via the Parent Web Portal. Because SmartCare is cloud-based, when payments are processed, the Center will update in real-time.

**What's next?** - Please read and follow these 3 easy steps to start using SmartCare:

You will receive an email from SmartCare Services to set up your account. Please make sure we have your correct email address on file. If you are unsure, please update your information with the Kids Camp Director. This email will be sent to the person designated as the primary account holder. Only the primary account holder will get the email to set up the account. Please let us know on the Admissions Agreement form who you would like to be the primary account holder. Both parents will have access to the account once it is set up.

Download the SmartCare app on your mobile phone or mobile device from the App Store or Google Play.

Mac White  
*Director*



# 2021 Summer Registration

## Westside Kids Camp

8610 West 10th Street, Indianapolis, IN 46234

Name of child: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parents will be charged for the days for which they have registered. **Parents must pay tuition for all registered days irrespective of attendance.** You are strongly urged to register for all the days you desire to use in advance as space each day is limited. A maximum of 65 children per day will be permitted to enroll. **ALL enrollments are first come first served.** Additional days may be selected at a later date only if the daily enrollment limit has not been reached.

Days agreed upon by the Kids Camp representative and the child's parent/guardian may not be changed without written consent by the appropriate Kids Camp official.

### **Tuition Rates: \$50 p/day (2 day minimum); \$150 p/week**

Full and part time positions available

Place an "X" in the days you wish your child to attend.

You will be charged for the days marked regardless of attendance.

| June   | Monday     | Tuesday | Wednesday | Thursday | Friday |
|--------|------------|---------|-----------|----------|--------|
| Week 1 | 7          | 8       | 9         | 10       | 11     |
| Week 2 | 14         | 15      | 16        | 17       | 18     |
| Week 3 | 21         | 21      | 23        | 24       | 25     |
| Week 4 | 28         | 29      | 30        |          |        |
| July   | Monday     | Tuesday | Wednesday | Thursday | Friday |
| Week 4 |            |         |           | 1        | 2      |
| Week 5 | 5 (CLOSED) | 6       | 7         | 8        | 9      |
| Week 6 | 12         | 13      | 14        | 15       | 16     |
| Week 7 | 19         | 20      | 21        | 22       | 23     |

Please circle on calendar above which week you would like to donate snacks for your child's class.

Please enter the normal hours your child will be in attendance for the days marked above:

Arrival: \_\_\_\_\_ A.M. / Departure: \_\_\_\_\_ P.M.

**\*Must be here by 9am**

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|--|--|--|--|
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|  |  |  |  |

Date of Enrollment

Admission Date

Date of Withdrawal

I, the parent or guardian:

- received completed written program information at the time of enrollment.
- have read and agree to abide by all the policies in the Kids Camp handbook and registration packet.
- agree to update the emergency contact/parental consent form information whenever changes occur.

Signature: Kids Camp Rep.

Date

Signature: Parent/Guardian

Date



|   |   |                         |
|---|---|-------------------------|
| <b>NAME OF CHILD'S PHYSICIAN / MEDICAL CARE PROVIDER</b>                  |   | <b>TELEPHONE NUMBER</b> |
| <b>ADDRESS</b>  |   |                         |
| <b>HOSPITAL OF CHOICE (Please include address and phone number)</b>       |   |                         |
| <b>NAME OF CHILD'S DENTIST</b>  |   | <b>TELEPHONE NUMBER</b> |
| <b>ADDRESS</b>  |   |                         |
| <b>SPECIAL DISABILITIES (IF ANY)</b>                                      | <b>ALLERGIES (Including Medication Reactions)</b> |                         |
| <b>MEDICAL OR DIETARY INFORMATION NECESSARY IN EMERGENCY SITUATION</b>    | <b>MEDICATION or SPECIAL CONDITIONS</b>           |                         |
| <b>ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD</b>                   |   |                         |
| <b>HEALTH INSURANCE COVERAGE FOR CHILD or MEDICAL ASSISTANCE BENEFITS</b> | <b>POLICY NUMBER (REQUIRED)</b>                   |                         |

**EMERGENCY MEDICAL AUTHORIZATION**

I agree, and by my signature give consent that the staff of Westside Kids Camp may administer minor first aid measures and procedures to my child.

I agree, and by my signature give consent that in the case of an accident, injury, or illness of a serious nature, my child will be given emergency medical care, and may be transported by Westside Kids Camp. I understand that I will be contacted immediately, or as soon as possible should I be away from the phone numbers given with this application.

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

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

I agree, and by my signature give consent that my child may participate in walking trips around the property of Westside Kids Camp, and that my child may participate in summer water activities.

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

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



## PARENT PLEDGE

The link between Westside Kids Camp and the parents of WKC students is perhaps the most important element in the total educational experience. Therefore, please read the following Parent Pledge and indicate agreement/support by signing the name of parents/guardians and the date when this pledge was read.

- I pledge to meet all of my financial obligations to Westside Kids Camp.
- I pledge that I have read and agree to the policies contained in the Parent Handbook.
- I pledge that I have read and agree to the Tuition Payment Policy in the Parent Handbook.
- I pledge to support the members of the Westside Kids Camp faculty, staff, and administration. This support includes showing proper respect to all Kids Camp personnel.
- I pledge that my child will uphold the standards of the Westside Kids Camp as outlined in the handbook. My child will show honor to the Godhead, the Word of God, and to the United States of America.
- I pledge to learn and obey all of the policies and procedures pertaining to student life and parental responsibilities. I further understand that any violation of these policies and procedures will result in appropriate action by the proper Kids Camp personnel.
- I pledge to support the total camp program by giving permission for my child to take part in all Kids Camp-sponsored activities, including sports and trips away from camp premises, and I/we absolve the school from liability to me/us or my child because of any injury to my child at Westside Kids Camp or during a Kids Camp activity.
- I pledge permission for Westside Kids Camp to teach all elements of the Statement of Faith to my child, and am willing to support the Camp in its endeavors to encourage and guide my child in applying those doctrines to everyday living. I/we realize that a Christian camp is not a substitute for the spiritual training, fellowship, and discipline of the home or local church.
- I pledge that when I am no longer in a position to honor one or more of the above pledge commitments, the only solution may be for the home-Kids Camp relationship to be terminated. In accordance with the tenor and teachings of God's Word, I pledge that the termination of this relationship will be handled in a manner pleasing to our Lord and Savior, Jesus Christ.

Father's Signature \_\_\_\_\_

Date \_\_\_\_\_

Mother's Signature \_\_\_\_\_

Date \_\_\_\_\_



## FAMILY HISTORY

Church Affiliation? If so, please list: \_\_\_\_\_

Are you a member?     Yes     No

How important is church to your family?

Very Important                       Somewhat Important                       Not Important

Marital Status of Parents:

Married                       Separated                       Divorced                       Not Married

If divorced, residential custody is with     Mother     Father     Other

If other, please explain:

Visitation Arrangements: \_\_\_\_\_

List siblings and their ages:

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### Ethnic and Racial Identities (Optional)

Mark one ethnic identity:

Hispanic or Latino                       Not Hispanic or Latino

Mark one or more racial identities:

White                       Black or African American                       American Indian or Alaska Native  
 Native Hawaiian or other Pacific Islander                       Asian

Other important information that you believe you child's teacher should be made aware of regarding social, emotional, cognitive and physical development:

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## PICTURE RELEASE

Dear Parent or Guardian,

In promoting Westside Kids Camp we sometimes would like to use pictures of the children enrolled in our program. Your child's picture may be selected for such a purpose and posted on our Facebook page or website. ***At no time will the names of children be used in any promotional materials produced.***

Would you please indicate your preference by checking the appropriate box below.

Thank you for your cooperation.

Sincerely,

Mac White  
Director

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**Yes**, Westside Kids Camp has my permission to use my child's picture on the Kids Camp website and/or Facebook page as advertisement for the Westside Kids Camp.

**No**, I do not give Westside Kids Camp permission to use my child's picture on the Kids Camp website and/or Facebook page.

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Classroom Name

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

\_\_\_\_\_  
Date



Westside Kids Camp  
8610 West 10th Street  
Indianapolis, IN 46234  
Phone: (317) 271-7607  
Fax: (317) 273-1070  
Email: [mwhite@wsnaz.org](mailto:mwhite@wsnaz.org)

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## Field Trip Note

Dear Parent/Guardian:

Very strict, field trip policies have been written for our Kids Camp program. These policies are an attempt to insure your child's safety.

Field trips are a very big and very expensive part of our program; they also make tight supervision of the children a requirement. Field trip participation is a privilege that may be lost when a child or parents are uncooperative.

We've had parents drop off children at designated field trip locations rather than at the camp. This is neither safe or permissible by Westside Kids Camp policy. Doing so will result in immediate suspension of service for the remainder of the summer.

Children who miss the departure time from the school may not be left at the camp. Please understand that we hire additional staff to lower staff to child ratios for our field trips. Every available supervisory staff member is sent on field trips so there are no extra staff on site at the school to supervise children who arrive late.

Parents may drop the children off at the camp after the Kids Camp trip is concluded for the remainder of the day.

We request that each parent carefully consider the Activity Calendar when registering. Do your best to avoid days that may result in schedule conflicts for you and the camp staff.

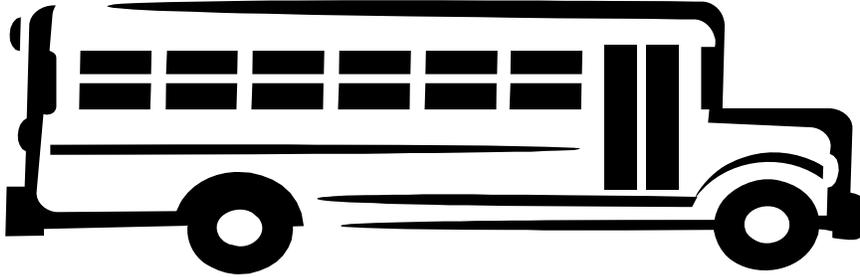
It is our goal to insure proper supervision and safety for each of the children placed in our care. We appreciate your understanding and cooperation in this matter.

Let's have a great school break!

Mac White  
Director

**NO ENROLLMENT is COMPLETE** until all the included paper work and proper payments have been received in the Church Office and processed by office staff.

## FIELD TRIP PERMISSION SLIP June 7 - July 23, 2021



Westside Kids Camp - Kdg-5th Grade  
8610 West 10th Street  
Indianapolis, IN 46234  
(317) 271-7607

I \_\_\_\_\_ parent/guardian of \_\_\_\_\_

Give permission for my child to participate in ALL Kids Camp field trips for the period beginning June 7, 2020 and ending July 23, 2021.

I also agree to the following:

1. That all transportation will be provided by the above named facility.
2. I further understand that should my child be unable to follow directions or be uncooperative on a field trip he/she will be excluded from the next trip as a discipline measure. More than one infraction may result in suspension of services.
3. I realize that I *may not drop my child off at a field trip location* and that my child may not be left at the school. It is my responsibility to arrive at the camp prior to the bus departure.

I realize these field trip policies are in place to provide my child and the Kids Camp staff a measure of safety.

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



## Food Allergy/Intolerance Information Sheet

Child's Name \_\_\_\_\_

Grade \_\_\_\_\_

Current Food Course \_\_\_\_\_

### **Food Allergy**

#### **Parents – Please Initial:**

\_\_\_\_\_ My child has a food allergy. Please complete additional questions below.

\_\_\_\_\_ My child does NOT have a food allergy.

Please indicate which food/s your child is allergic to. Check all that apply.

- |                                    |                                 |
|------------------------------------|---------------------------------|
| <input type="checkbox"/> Tree nuts | <input type="checkbox"/> Wheat  |
| <input type="checkbox"/> Peanuts   | <input type="checkbox"/> Eggs   |
| <input type="checkbox"/> Dairy     | <input type="checkbox"/> Gluten |
| <input type="checkbox"/> Other     |                                 |
- 

Please indicate which method/s of contact cause a reaction. Check all that apply.

- Inhalation (air borne)
- Ingestion
- Touch

Please describe the severity of the reaction and how to best help your child if he/she is exposed. \_\_\_\_\_

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Is there any additional information I need to know about your child's allergy that you feel would be beneficial? \_\_\_\_\_

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**Food Intolerance**

**Parents – Please Initial:**

\_\_\_\_\_ My child has a food intolerance. Please complete additional questions below.

\_\_\_\_\_ My child does NOT have a food intolerance.

Please indicate which food/s your child has a food intolerance to and what symptom/s he/she may exhibit.

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Please describe how to best help your child if he/she is exposed.

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Is there any additional information I need to know about your child's intolerance that you feel would be beneficial? \_\_\_\_\_

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*This statement is to verify that I have read/viewed each item in its entirety and have completed this form in regards to my child's food allergies/intolerances.*

Print Parent/Guardian Name \_\_\_\_\_ Date \_\_\_\_\_

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



## Sun Screen/Insect Spray/Hand Sanitizer Permission Slip

### Rules for application:

1. Sun Screen/Insect Spray/Hand Sanitizer Permission Slip must be completed.
2. Container must be clearly marked with the child's full name.
3. Container must be given to the child's teacher.
4. NO sunscreen/insect spray/hand sanitizer is to be left in the child's backpack.
5. Any unused product at the end of the season not picked up by parent/guardian will be disposed of.

Child's name: \_\_\_\_\_ Age: \_\_\_\_\_

Child's Teacher: \_\_\_\_\_ Classroom: \_\_\_\_\_

Brand Name: \_\_\_\_\_

Application Instructions: \_\_\_\_\_

\_\_\_\_\_  
Parent Guardian Printed Name

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

\_\_\_\_\_  
Date