



# Wise Owl Learning Center, Inc.

152 Kinnelon Rd., Kinnelon, NJ 07405-2336  
973-838-0090 www.wiseowllearningcenter.com

## APPLICATION FOR SUMMER FUN CAMP 2024

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	6/24 – 6/28					
Week 2	7/1 – 7/5				Closed	
Week 3	7/8 – 7/12					
Week 4	7/15 - 7/19					
Week 5	7/22 – 7/26					
Week 6	7/29 – 8/2					
Week 7	8/5 – 8/9					
Week 8	8/12 – 8/16					
Week 9	8/19 – 8/23					

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 \_\_\_\_\_

Childs'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 medication? \_\_\_\_\_ Yes \_\_\_\_\_ No

If 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 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/Guardian Signature \_\_\_\_\_ 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 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 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.**