2022 SUMMER REGISTRATION

408 N. Judd Street, Honolulu, HI 96817 (808) 531-5252 www.wjns.org

2022 SUMMER ENRICHMENT & J CAMP @ WJNS Grades K1-5

***Please submit a Non-refundable Application/Activity Fee of $100** (Due upon registration)

**WJNS Students: Priority deadline is March 9, 2022

***Due to new circumstances, WJNS will only provide a June Summer Program. Please see the schedule breakdown below. A detailed calendar and menu will be sent to via email by mid-May.

SUMMER PROGRAM FULL DAY: June 1 - June 30, 2022 ($900)

- Summer Enrichment 8:00 am-11:30 am
  Student drop-off is at 7:00 am-8:00 am
- JCamp 11:30 am-5:00 pm (Lunch Provided)

STUDENT INFORMATION

Name: _____ Birthday: ____/____/_____ ☐ Male ☐ Female

Address: _____ City/Zip: _____

School: _____ Child's Current Grade (2021-22 SY): _____

Language Spoken at Home: _____

T-shirt size: ☐ Youth Small ☐ Youth Medium ☐ Youth Large ☐ Youth X-Large ☐ Adult Small ☐ Adult Medium

PAYMENT PLAN: Please select one payment plan

We will be finalizing FACTS payment plans by May 23, 2022 (Fees may be applied).

☐	I will be making a payment of $900 by June 1, 2022, to the School Office	☐	I will be making two payments on May 27, 2022, and June 24, 2022, through FACTS Management **(FACTS available for current WJNS students ONLY)**

**FOR OFFICE USE ONLY **

APPLICATION RECEIVED: _____ *FEE PAID:* _____

*PAYMENT #1:*_____ *PAYMENT #2:*_____ *FULL SUMMER:* _____

PARENT INFORMATION:

Father's Name:	Mother's Name:
Email Address:	Email Address:
Mobile Number:	Mobile Number:
Employer:	Employer:
Work Phone:	Work Phone:

I agree: *(please initial)*

_____ J Camp has my permission to use photographs and/or video footage of my child for its website as well as promotional and/or educational purposes in print or via the Internet.

_____ I understand that summer tuition is based on a one-month enrollment and tuition is not prorated. (*June 1, 2022 - June 30, 2022)

_____ If I choose to withdraw my child from the program, a written notification (via letter or email) is required. A 30-day written notification is required for a refund of program fees only. Application/Activity fees are non-refundable.

_____ My child, _____ has permission to participate in all activities while at J Camp.

I understand that the J Camp Administrative staff and camp counselors will supervise campers to the best of their ability. In the event of an unforeseen incident/accident, I hereby WAIVE the J Camp Administrative staff and counselors from any responsibility.

Parent Signature: _____ Date: _____

How did you hear about us (please check one): ☐ Friends ☐ Family ☐ Website ☐ Other: _____

Referred By: _____

AUTHORIZATION FOR PICKUP & EMERGENCY CONTACT INFORMATION FOR

NAME OF CHILD: _____

PARENT'S INFORMATION:

Mother's Name	Home Phone	Cell Phone	Email
Father's Name	Home Phone	Cell Phone	Email

AUTHORIZED PICK UP:

Name	Home Phone	Cell Phone	Home Address	Relationship to Child

EMERGENCY CONTACT:

Name	Home Phone	Cell Phone	Home Address	Relationship to Child

I will contact the school office staff via email or phone when authorizing someone else who is not on the list to pick up my child. A picture ID of persons picking up my child will be required.

Parent/Guardian (Print Name) Parent/ Guardian Signature Date

MEDICAL INFORMATION:

Pediatrician's Name & Phone Number: _____

Medical Insurance: _____ Policy #: _____

Does your child require special accommodations in regards to activity and/or diet? Yes ___ No ___

If yes, please explain: _____

Is there any additional information you would like to tell us about your child?

_____

_____

_____

ALLERGIES:

Specialist's Name & Phone Number: _____

Description of Allergy: _____

_____

Describe what signs/symptoms look like: _____

_____

Describe known triggers: _____

_____

Describe treatment & side effects: _____

_____

When to call parent/health provider regarding symptoms or failure to respond to treatment:

_____

When to consider when what conditions require urgent care or reassessment:

_____

AUTHORIZATION TO ADMINISTER MEDICATON:

Name of Medication(s): _____

When to Administer: _____

Dosage: _____

I, the undersigned, request and authorize the personnel of Waolani Judd Nazarene School to administer medication as prescribed by my child's physician. I request and authorize the release of health information between the school, the prescribing physician, and the pharmacist pertinent to my child's condition. I understand that a new request is needed should there be any change to the medication order.

Parent Signature: _____ Date: _____