

# 2023 SUMMER REGISTRATION

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



## 2023 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 10, 2023

\*\*\*Due to new circumstances, WJNS will only provide a 6-week 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 5th – 30th, 2023

- 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)

#### July 3rd- July 14<sup>th</sup>

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

### STUDENT INFORMATION

Name: \_\_\_\_\_ Birthday: \_\_\_/\_\_\_/\_\_\_\_\_  Male  Female

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

School: \_\_\_\_\_ Child's Current Grade (2022-23 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 22, 2023 (Fees may be applied).

I will be making a payment of \$1,300 by June 1, 2023, to the school office

I will be making two payments of \$650 on June 16<sup>th</sup>, 2023, and July 14, 2023, 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 5, 2023 - July 14, 2023)

\_\_\_\_\_ 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: \_\_\_\_\_**

**PARENTS' 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 CONTACTS:**

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 MEDICATION:**

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: \_\_\_\_\_