

# **2025 WJNS SUMMER REGISTRATION**

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

## **2025 SUMMER ENRICHMENT & J CAMP @ WJNS, GRADES K-5**

A **NON-REFUNDABLE** application/activity fee of \$100 is due with completed application.

**\*WJNS Students: Priority enrollment deadline is April 2, 2025.** General Public enrollment begins April 3, 2025.

**\*\*A detailed calendar and menu will be delivered via email outlining the summer program schedule of events in May.**

### **SUMMER PROGRAM FULL DAY:**

**June 2 – 27, 2025**

- Summer Enrichment 8:00 am – 11:30 am (snack provided)
- *Student drop off is 7:00 am – 8:00 am*
- J Camp 11:30 am – 5:00 pm (lunch and snack provided)
- NO school on June 11th and June 19th (closed for holidays)

**June 30, – July 11, 2025**

- J Camp 8:00 am – 5:00 pm (lunch and snacks provided)
- *Student drop off is 7:00 am – 8:00 am*
- NO school on July 3rd and July 4th (closed for holidays)

### **STUDENT INFORMATION**

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

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

School: \_\_\_\_\_ Current Grade ('24-'25 SY): \_\_\_\_\_

Language Spoken at Home: \_\_\_\_\_

**T-shirt Size:**  Youth Small  Youth Medium  Youth Large  Youth X-Large  Adult Small  Adult Medium

### **PAYMENT PLAN: Select one of the following:**

I will be making a full program payment of **\$1,400** by June 2, 2025, to the school office. I understand that failure to provide payment by this date may result in the removal of my student from this program.

I will be making two payments of **\$700**, totaling **\$1,400** scheduled for June 2, 2025, and June 30, 2025, through FACTS Management.

*\*Only available for current WJNS students. WJNS will be finalizing FACTS charges by May 19, 2025*

**\*FOR OFFICE USE ONLY\***

APPLICATION RECEIVED DATE: \_\_\_\_\_ RECEIVED BY: \_\_\_\_\_

APP FEE PAID: y / n      HOW PAID? \_\_\_\_\_ RECEIPT GENERATED DATE: \_\_\_\_\_

PAYMENT PLAN: FULL SUMMER: \_\_\_\_\_ PAYMENT #1: \_\_\_\_\_ PAYMENT #2: \_\_\_\_\_

## PARENT INFORMATION

Name: \_\_\_\_\_  Father  Mother

Address: \_\_\_\_\_  check if same as above

City/Zip: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Mobile Phone Number: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_  Father  Mother

Address: \_\_\_\_\_  check if same as above

City/Zip: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Mobile Phone Number: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

## POLICIES AND PERMISSIONS

I agree: *(please initial)*

\_\_\_\_\_ WJNS 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 WJNS summer tuition is based on a six-week enrollment and tuition is not prorated.  
(\*June 2, 2025 - July 11, 2025)

\_\_\_\_\_ If I choose to withdraw my child from the program, a written notification (via letter or email) is required.  
Application/Activity fees are non-refundable. Summer tuition will be refunded for withdraws as follows:  
· 75% through May 2<sup>nd</sup>. · 25% through May 23<sup>rd</sup>  
· 50% through May 16<sup>th</sup> · **No refund after June 6th**

\_\_\_\_\_ My child, \_\_\_\_\_ has permission to participate in all activities while at WJNS J Camp.

I understand that the WJNS J Camp Administrative staff and camp counselors/junior leaders will supervise campers to the best of their ability. In the event of an unforeseen incident/accident, I hereby WAIVE the WJNS 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: \_\_\_\_\_

**MEDICAL INFORMATION:**

Pediatrician's Name & Phone Number: \_\_\_\_\_

Medical Insurance: \_\_\_\_\_ Policy #: \_\_\_\_\_

Does your child require special accommodations in regard 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: \_\_\_\_\_

# 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	Relationship to Child

## EMERGENCY CONTACTS:

Name	Home Phone	Cell Phone	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