



# Wakulla Christian School

*“The Difference that Lasts a Lifetime”*

Tuesday, March 23, 2010

Dear WCS Parents,

On Friday, May 21<sup>st</sup> your children will have completed another school year. Here at Wakulla Christian, we are planning a wonderful, exciting, educational and fun-filled summer camp for ten memorable weeks (June 1<sup>st</sup> – August 6<sup>th</sup>) for children who are in grades 3<sup>k</sup> – 5<sup>th</sup> grade this year. Each week this summer has a special theme.

This summer camp is open only to children who currently attend Wakulla Christian School, or are enrolled for the upcoming school. We choose to limit our enrollment to WCS students. The reason we follow this plan of enrollment is that we are committed to doing everything we can to protect our students. The moral climate in which a child lives is a powerful influence on their attitudes and behavior. Our summer camp will be an enjoyable teaching time, as well as a blast for those who attend!

Our summer camp monthly rate is \$440.00. We are open from 7:00 am – 6:00 pm, Monday through Friday. There is a registration fee of \$55.00 per child, which must accompany the summer camp application. Each child will need to bring a morning and afternoon snack each day, as well as a water bottle, and a sack lunch. The 3<sup>k</sup>-5<sup>k</sup> summer campers will need a mat and a small blanket for naps. We hope your child will join us this summer!

Yours in Christ,

Dr. Don E. Gowans  
Principal

DEG/Ifk

*Dr. Don E. Gowans, Principal*

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[www.wakullachristian.com](http://www.wakullachristian.com)

*“Train up a child in the way he should go: and when he is old, he will not depart from it.” Proverbs 22:6*

# Wakulla Christian School - SUMMER CAMP 2010

Wakulla Christian School admits students of any race, color, ethnic or national origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. The school does not discriminate on the basis of race in the administration of its educational policies, admissions policies, scholarships, loan programs, athletic programs, or other school administered programs.

REV 02/2010

## Applicant Information

*PLEASE PRINT OR TYPE - One (1) Application per child*

Name of Student: _____			
Student Resides With:	<input type="checkbox"/> Both Parents	<input type="checkbox"/> Mom	<input type="checkbox"/> Dad <input type="checkbox"/> Other _____
Legal Custody of Child:	<input type="checkbox"/> Both Parents	<input type="checkbox"/> Mom	<input type="checkbox"/> Dad <input type="checkbox"/> Other _____ <input type="checkbox"/> Court Order on File <small>(copy to office)</small>
Student's Mailing Address: _____			
City: _____		State: _____	Zip: _____
Date of Birth: _____	<input type="checkbox"/> Male <input type="checkbox"/> Female	Recent Grade COMPLETED (circle) : 3k 4k 5k 1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup> 4 <sup>th</sup> 5 <sup>th</sup>	

## Family Information

Father's Name: _____		Mother's Name: _____	
Home Address: _____		Home Address: _____	
City, State, Zip _____		City, State, Zip _____	
Home Telephone Number _____		Home Telephone Number: _____	
Employer: _____		Employer: _____	
Work Address: _____		Work Address: _____	
City: _____	State/Zip _____	City _____	State/Zip: _____
Work Number: _____	Cell: _____	Work Number: _____	Cell: _____
Email: _____		Email: _____	
Father's Drivers License #: _____		Mother's Drivers License #: _____	

## Medical Information

**I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if needed.**

Doctor: _____		Insurance Company: _____	
Address: _____		Policy / Group #: _____	
City: _____	State: _____	ZIP Code: _____	Phone: _____
Hospital Preference: _____			
List any allergies or medical problems: _____			

## Emergency Contacts & Authorized Persons Allowed to pick up child

**Your child will only be released to the custodial parent or legal guardian and the persons listed below.**

Name: _____	Relationship: _____	Telephone: _____	<input type="checkbox"/> Authorized to Pickup
Name: _____	Relationship: _____	Telephone: _____	<input type="checkbox"/> Authorized to Pickup
Name: _____	Relationship: _____	Telephone: _____	<input type="checkbox"/> Authorized to Pickup
Name: _____	Relationship: _____	Telephone: _____	<input type="checkbox"/> Authorized to Pickup

**Are there any unusual factors in the child's life of which the teacher or staff should be aware? If so, please explain:**

**BEHAVIOR GUIDANCE AND DISCIPLINE:** Proverbs 4:23 "Above all else, guard your heart, for it is the wellspring of life. Put away perversity from your mouth keep corrupt talk far from your lips."  
**Behavior Expectations:** Wakulla Christian School expects every student to behave as a young lady or gentleman. The first lesson each student must learn is to follow the teacher's instructions, the first time given, with a pleasant and cooperative attitude. The second lesson is to treat classmates the same as one would like to be treated, i.e., with respect and kindness. Wakulla Christian School considers its campus a **violence free zone**. Hitting, kicking, or any action which is intended to physically hurt another student, is considered a **SERIOUS** zero tolerance offence. Name-calling is likewise considered "verbal abuse", and like profanity, or perverse and corrupt speech of any kind, will not be tolerated. Following is a list of unacceptable behaviors, which the school will consider serious violations of conduct expectations: hitting, kicking, biting, threats, name calling, corrupt speech, defiance, stealing, disrespect, harassment, or disruption of the learning environment. In cases where behavior is a hazard to the health or safety of the student or others, the child will be suspended until behavior is acceptable. If a child's behavior continues to be a threat to the safety of other students, or if a student's misbehavior continually disrupts the educational opportunity of other students, the family may be asked to transfer the child to another school. **I agree to support the behavior expectation indicated above. I have explained the behavior expectation to my child and will support the school in enforcing them.**

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

\_\_\_\_\_  
Date

### OFFICE USE ONLY

Date of Application Receipt: \_\_\_\_\_

Date to begin: \_\_\_\_\_

Registration fee rec'd: \_\_\_\_\_

Tuition rec'd: \_\_\_\_\_

Method of Payment \_\_\_\_\_

Method of Payment \_\_\_\_\_