

John Wade's Karate and Gymnastic Childcare Summer Camp 2011

Welcome to Summer Camp 2011

Camp begins May 26th and ends August 3rd.

Hours and rates:

Open 6:30 am – 6:00 pm

\$25.00 Registration Fee (new students)

\$75 activity fee (includes field trip entrance)

\$125.00 Weekly

\$30.00 Daily (3 Day Minimum)

\$35 Drop In

\$25 extra swim day

\$15 weekly meal plan

\$10 t-shirt, \$33 uniform

\$10 trophy (camo and purple belt only)

Late pick-up fees – 6:05-6:15pm - \$10

After 6:15- additional \$1.00 per minute

Available Discounts

Referral program

10% off second child full time

10% off for teachers, clergy, and
active military Naccra provider
multiple children family rate

Vacation Days

Per week

5 days attendance = 5 days total

4 days attendance = 4 days total

3 days attendance = 3 days total

Any other days taken must be paid by
parents or responsible party. If you do
not take your vacation days, you must
pay for the last week.

Payment options

Pay in full – by check, Visa , or MasterCard

Pay in two payments- 1st day of class and
July 1

Weekly or semi-monthly - by automatic
deposit

Registration requirements

1. Registration packet
2. Signed Policy Statement
3. Billing Form
4. Copy of Current Shot Record on 121
MS health dept form
5. Student Health Form
6. \$25.00 Registration Fee
7. \$75 activity fee

Camp Supplies

Please place each of these items in separate
ziplock bags labeled with your child's name.

1. A change of clothes
2. Sunscreen
3. Toothbrush and toothpaste
4. Markers

Instant Hand Sanitizer

box of baby wipes

box of kleenex tissue

1 box small size Ziplocs and/or

1 box large size Ziplocs

We also accept donations of toys, games,
craft supplies, reward box items and
stickers.

Look at God's World - Theme Activities subject to change

May 31-June 3

Be a friend

June 6-10

The Big Apple

June 13-17

Sand and surf

June 20-24

Ahoy Matey

June 26-July 1

GodBlessAmerica

July 5-8

Keeping it fit

July 11-15

You're a star!

July 18-22

Disney fun

July 25-29

Wild Wild West

August 1-3

Celebrate

Weekly Activities

Karate
Arts and crafts
Music
Swimming
JUMP moonbounce
Field trips
Park
Movie day
Weekly devotions
Also available for an additional fee
Gymnastics- \$10 per class

LUNCHES and SNACKS

We provide all campers a healthy early morning, mid-morning, and afternoon snack.

We have meal plan available for \$15 per week. It is a healthy well balanced meal including a meat or alternative meat, bread, two servings of vegetables or fruit, and milk. It is available everyday except for the Incredible Pizza field trip day.

If you choose not to do the meal plan your child may bring a healthy lunch in accordance with the new Mississippi Health Dept. food guidelines. We have a copy available for you to sign.

FIELD TRIPS

For safety reasons, children must wear a summer camp t-shirt on field trip days. Field trips dates are on the summer calendar. Children may bring pocket change to play arcade games on field trips. On Movie field trips, kids can purchase a kids snack pack for \$3.00 which includes popcorn, drink, and small candy.

ELECTRONICS POLICY

Because we want our campers to have a well rounded, active summer, **electronic devices such as cell phones, I-pods, I- pads, and hand held games will ONLY be permitted on FRIDAY.**

Only age appropriate games, photos, apps, videos, and music are allowed. Teen and adult rated games are not allowed

If you wish for your child to have a cell phone for emergencies, it may be left at the front desk. A list of contact numbers is available for you. We are not responsible for lost or stolen items.

PEOPLE TO KNOW

Chief instructor- Mr. Wade

Childcare director- Tonya Wade

Childcare teachers-

Kayce Freeman	Erin Edge
Kristyn Mathis	Dawn Gore
Samantha Carroll	

Food Service/cleaning -Galina Baranuik

Phone Numbers

On Campus 662-536-2021

Mr Wade 662-536-2020

Mrs. Wade 662-403-0703

Address

6910 Snowden Lane
Southaven MS 38672

johnwadechildcare.com

**Closed May 30 for Memorial Day
July 4 Independence Day**

AGREEMENT BETWEEN PARENT AND
JOHN WADE'S CHILDCARE
Summer session 2011

Father's Name (Print): _____

Father's Employment: _____

Address: _____ City: _____ State: ___ Zip: _____

Day Ph.(____) _____ Night Ph.(____) _____ Cell: (____) _____

Email: _____

Mother's Name (Print) _____

Mother's Employment: _____

Address: _____ City: _____ State: ___ Zip: _____

Day Ph.(____) _____ Night Ph.(____) _____ Cell: (____) _____

Email: _____

Child's name _____ Age ___ Birth date _____ group _____

Child's name _____ Age ___ Birth date _____ group _____

The following conditions involved in the care of the above are understood and agreed upon between John Wade's Martial Arts and Gymnastics and _____. **Please mark the plan that applies to your needs.** (Parent/Guardian)

Summer care includes care from 6am- 6:00pm

- Three days per week summer care \$ 90 per week
- Weekly summer care \$125 per week (4 or more weeks)
- One Day Drop-in summer care fee \$ 35 per child (subject to availability)
- Lunch Meal plan \$15.00 per week

Additional Fees

Registration fee- \$25 one time fee for new students

Activity fee \$75 per summer term includes field trip entrance

Meal plan weekly \$15

Extra swimming day - \$ 25 per child

t-shirt \$10

Starter Uniform- \$33.00

Trophy fee- \$10.00 Trophy fee at Camo, Purple, Red and Black testing only

John Wade's Martial Arts agrees that:

1. In return for the sum that the parent agrees to pay, the school will give care to the above named child the times agreed upon by the parent/guardian. The child care is open from 6am to 6pm Monday thru Friday. We will be closed on the following holidays:

Memorial Day, Independence Day

Note: Other days may be scheduled by administration. Prior notice will be given.

2. The center will exercise reasonable care and judgment in all matters related to the welfare and safety of the child. In case of an accident or illness to the child, the worker will promptly take such reasonable measures as are, in his or her judgment, in the best interest of the child and will notify the parent as soon as possible.
3. The center will not release the child to anyone other than the parent or guardian unless there is permission from the parent or guardian.
4. The center will provide karate training, snack, and a variety of other play and learning activities.

THE PARENT AGREES THAT:
 (Initial by each statement)

_____ 1. The parent will pay in advance for care the sum of \$_____ as indicated above. Responsibility for payment on time is that of the parent or guardian who signs the agreement form. **All checks and auto debits returned are subject to a \$20.00 service fee.**

_____ 2. The parent will give two weeks notice when the child is to be withdrawn from our summer care program.

_____ 3. The parent will not violate the hours of care agreed upon. In an emergency, a parent may call the center for a child to remain past closing time. **A late fee will be assessed of \$10 in the first 10 minutes and \$1 additional per minute after ten minutes to be paid at the time of pick up.**

_____ 4. In all emergencies, the center has permission to take such reasonable measures as are, in the judgment of the worker, necessary to the welfare and safety of the child.

_____ 5. The center reserves the privilege of dismissing any child if, after entering he seems unable to participate in group experiences or is a threat to him/herself, staff, or another student.

_____ 6. Liability for acts of the child while under the care of the center is the parent's responsibility.

_____ 7. Parents understand that primary accident or hospitalization insurance on the students and the obtaining of such insurance protection, if desired, is the responsibility of the parent. We do carry limited insurance effective after the client's primary policy is exhausted.

_____ 8. Summer camp is eleven weeks but you will be charged for 10 weeks to give you one week of vacation. If you use all eleven weeks, you must pay for the eleventh week. If you choose to take additional time for vacation payment will still be required for those days reserved.

_____ 9. If a child has a fever, the parent will be contacted and asked to come for the child.

_____ 10. I understand that this is a Christian childcare center and that my child will be taught Biblical principles through activities such as but not limited to Bible stories, prayer, scripture memory, and games.

John Wade Karate and Gymnastics and parents understand and agree that :

1. This agreement is a contract binding for both center and parent.
2. The contract may be terminated by either the parent or the center upon notification of intention at least two weeks in advance, or at anytime by mutual agreement of both parties.

 (Signature of Parent/ Guardian)

 (Date)

 (Authorized Signature of Center)

 (Date)

John Wade Karate and Gymnastics Childcare
Permission form for Swimming and Field Trips

Child's Name _____ Age _____ DOB _____

I give permission for my child/children to go on all field trips this summer. I understand that this includes swimming and program related field trips and all regulations apply. Transportation will be by childcare bus or van. The chaperones will be camp teachers and staff and carry full responsibility as such. I understand that I will be informed of times and places for the field trips. Parents are welcome to help with field trips.

Guardian _____ Date _____

Phone number/ cell _____

Emergency friend and number _____

Address _____

Purposed field trips-but not limited to

Olive Branch Park

Snowden Park

Central Park

Conger Park

Olive Branch YMCA

Hernando Country Club Pool

Olive Branch Country Club Pool

Strike Zone Bowling

Kidz Country Farm

Cedar Hill Farm

Tunica Water Park

Dominos Pizza

Skate Odyssey

Incredible Pizza Company

Malco Movie Theater

BF Chain Library

Southaven Parks and Recreation Center

Desoto Family Theatre

Busy Bodies Childcare

Broadway Baptist Church

Any medication (prescription or otherwise) must be kept in the office with a completed medication form filled out by the guardian. List any special physical or medical needs (including allergies) and medications taken.

May non- aspirin be dispensed to your child? _____ yes _____ no

Parent signature _____

JOHN WADE'S KARATE AND GYMNASTICS LLC., CHILDCARE, AND PRESCHOOL
STUDENT WAIVER

ADULT NAME _____

STUDENT NAME _____

MAILING ADDRESS _____

CELL _____ HOME PHONE _____

WORK _____ () NO CALLS AT WORK

AGE _____ BIRTHDATE _____

JOHN WADE'S KARATE AND GYMNASTICS LLC. URGES ALL MEMBERS TO OBTAIN A PHYSICAL EXAMINATION PRIOR TO ATTENDANCE IN MARTIAL ARTS AND/ OR GYMNASTICS AND UNDERSTAND THAT EVEN IF I OBTAIN AN EXAMINATION FOR MYSELF OR MY CHILD IT IS MY RESPONSIBILITY AND MY DOCTOR'S RESPONSIBILITY TO DETERMINE IF IT IS SAFE FOR ME OR MY CHILD TO PARTICIPATE . IN RECOGNITION OF THE POSSIBLE DANGER CONNECTED WITH ANY PHYSICAL ACTIVITY OF THE MEMBER.. I HEREBY KNOWINGLY AND VOLUNTARIALY WAIVE ANY RIGHT OF CAUSE OF ANY ACTION OF ANY KIND WHATSOEVER ARISING AS THE RESULT OF SUCH ACTIVITY FROM WHICH ANT LIABILITY MAY OR COULD ACCRUE TO JOHN WADE KARATE AND GYMNASTICS , OFFICERS, AGENTS, EMPLOYEES OR INSTRUCTORS.

SIGNATURE _____ DATE _____

JUMPS

IN RECOGNITION OF THE POSSIBLE DANGER CONNECTED WITH ANY PHYSICAL ACTIVITY AND IN THIS CASE JUMPING IN THE MOONBOUNCES AND PLAYING IN THE BUILDING. I HEREBY KNOWINGLY AND VOLUNTARIALY WAIVE ANY RIGHT OF CAUSE OF ANY ACTION OF ANY KIND WHATSOEVER ARISING AS THE RESULT OF SUCH ACTIVITY FROM WHICH ANT LIABILITY MAY OR COULD ACCRUE TO JUMPS, OFFICERS, AGENTS, EMPLOYEES OR INSTRUCTORS.

SIGNATURE _____ DATE _____

Tunica Aquatics Center

I give my permission for my child(ren) to travel to Tunica with John Wade Childcare and to participate in the water activities. In recognition of the possible danger connected with water play activities, I knowingly waive any right of cause of action arising as a result of such activity from which any liability may accrue to John Wades Karate and Gymnastics LLC. Staff and Tunica Aquatic Center staff.

Signature _____ Date _____

Broadway Baptist Church Vacation Bible School

I give permission for my child to attend the Broadway Baptist Church Vacation Bible School June 6-10.

CHILD'S NAME _____ Birthdate _____

PARENT/GUARDIAN NAME _____

MAILING ADDRESS _____

Phone _____

Do you attend Sunday School? If so where? _____

May we have permission to photograph your child? Yes No

STUDENT HEALTH HISTORY

CHILDCARE TERM _____

STUDENT'S NAME _____ DOB _____

SCHOOL _____ TEACHER _____ GRADE _____

GUARDIAN _____

HOME NUMBER _____ WORK _____ CELL _____

Emergency contacts 1. _____ PHONE _____

2. _____ PHONE _____

HAS YOUR CHILD HAD THE FOLLOWING (PLEASE GIVE DATES IF KNOWN)

	NO	YES	Date		NO	YES	Date
Heart disease	—	—	_____	Mumps	—	—	_____
Kidney disease	—	—	_____	Measles	—	—	_____
Rheumatic Fever	—	—	_____	Glasses	—	—	_____
Convulsions	—	—	_____	Hearing Aids	—	—	_____
Diabetes	—	—	_____	Major Illness Specify _____			
Asthma	—	—	_____	Significant injury Specify _____			
Pneumonia	—	—	_____	Other _____			
Tuberculosis	—	—	_____				
Chicken Pox	—	—	_____				

Daily medication _____

My Child is allergic to the following:

Penicillin	Yes	No	Comments _____
Aspirin	Yes	No	Comments _____
Tylenol	Yes	No	Comments _____
Foods	Yes	No	Comments _____
Other	Yes	No	Comments _____

Under care of a physician? Yes No Physician's Name _____

Dentist _____ Hospital Preference _____

Permission for Emergency Treatment

This certified that permission is given for school officials to seek emergency medical treatment for the above named child in the event a parent or emergency friend cannot be contacted immediately.

Signature of parent/ guardian _____ Date _____

PAYMENT RECORD

Direct Payment Authorization

I authorize John Wade's Karate and Gymnastics to initiate electronic entries to my checking/Savings account. This authority will remain in effect until the end of the contracted care unless the facility is notified in writing one week in advance of change. I understand that payment is required for the semester in its entirety even if my child is not in attendance. There is a \$20 return check fee if funds are not available on the agreed payment date.

CHILD'S NAME _____

SEMESTER _____

CIRCLE ONE CHECKING SAVINGS PAYMENT AMOUNT _____

PAYMENT FREQUENCY WEEKLY BIMONTHLY MONTHLY

FIRST PAYMENT DATE _____ LAST PAYMENT DATE _____

STUDENT NAME _____

_____ SAME ACCOUNT INFO

ACCOUNT HOLDER (PRINT PLEASE) _____

BANK NAME _____

TRANSIT NUMBER _____

ACCOUNT NUMBER _____

SIGNATURE OF ACCOUNT HOLDER _____ PHONE _____

INITIAL PAYMENT AMOUNT _____ METHOD _____

COVERS _____

OTHER PAYMENT OPTIONS

VISA/MASTERCARD _____ DEBIT? _____

____ PAY IN FULL AMOUNT _____ METHOD _____

____ 2 PAYMENTS HALF ON 1ST DAY AMOUNT _____ METHOD _____

HALF ON July 1 AMOUNT _____ METHOD _____
