

**WORD PERFORMANCE CHURCH
CHILD DEVELOPMENT CENTER AND ACADEMY**
SUMMER CAMP 2018

June 18th thro' August 23rd, 2018

- ◆ Open 6.00am to 6.30pm
- ◆ Ages 4 to 12 years
- ◆ Safe Christian environment
- ◆ Before and after school care: to 12 years old
- ◆ Excellent curriculum that ensures productive learning
- ◆ New facility and equipment: giving kids the parental care they deserve.
- ◆ Exciting activities include: field trips and tours, bowling, movies, aerobics classes, art and craft, sports and swimming.

RATES: Registration Fee: \$30.00
Camp Cost (wkly) \$130.00 (all meals inclusive)
T- shirt \$15.00

For more information, please call
Mrs. Mary Osei, Director.

571.931.6380



**PERFORMANCE
TROOPERS**

17902 S. Main Street
Dumfries, Va. 22026

wordperformance@yahoo.com
www.wordperformance.org

Word Performance Child Development Center and Academy

17902 S. Main St., Dumfries, VA 22026 Phone: 571-931-6380 E-mail wordperformance@yahoo.com

Summer Camp Enrolment Form

Date: _____

Student Information:

Child's Name _____ Age _____ Nickname _____
Address _____ Phone _____
Male Female Date of Birth _____ SSN _____
Attends Public School: Yes No Name of School: _____

Parent/ Guardian Information:

Full Name _____ Relationship _____
Address _____
Home Phone _____ Cell Phone _____
Work Phone _____ E-mail _____
SSN _____ Driver's License # and State _____
Employer _____
Employer Address _____

Parent/ Guardian Information:

Full Name _____ Relationship _____
Address _____
Home Phone _____ Cell Phone _____
Work Phone _____ E-mail _____
SSN _____ Driver's License # and State _____
Employer _____
Employer Address _____

Medical Information:

Doctor _____ Hospital Preference _____
Doctor Address _____ Phone _____
Dentist Address _____ Phone _____
Allergies (Please Discuss with administration) _____

Has your child had or now have any of the following:

- Measles Mumps Whooping Cough Premature Birth Colic Seizures
 Birth Injury Head Injury Heart Problems Hives Lung Problems

Is your child currently on any medication or breathing treatments? _____ If yes please list _____

Is your child currently on any medication or breathing treatments? _____ If yes please list _____

Alternate Contacts / Authorized to pick up your child (list two):

Name: _____ Telephone _____ Relationship _____
Name: _____ Telephone _____ Relationship _____
Name: _____ Telephone _____ Relationship _____