

CAMP West End – Permission slip and agreement

Welcome to Camp West End – A nine-day drama intensive from June 29th-July 10th

This camp will offer the opportunity for students to participate in a drama production June 29th – July 10th at West End Middle School, 3529 West End Ave, Nashville, TN 37205, (615) 298-8425. **Registration DEADLINE is April 25th.** You DO NOT have to attend West End Middle to participate, but you must be a rising 5th through departing 8th grader, between 10 and 14 years of age.

The camp will meet in the cafeteria and auditorium from 9 am – 4:00 pm with the final performance on Friday, July 10th at 5:00 pm. **NOTE: Except on July 10th, Students must be picked up by 4 pm unless you have paid for extended care which is till 5:00 p.m. and cost an additional \$10 dollars per day needed.**

Please scan and send these forms along with your registration fee of \$25.00 made out to WEXP and submit to WEXP in the school's office, send to WEXP, PO Box 121034, Nashville, TN 37212, or pay online at VENMO (reference West End Drama Camp) <https://venmo.com/WestEnd-ExtendedProgramusing>. For registration questions, call 615-944-2937 or email Wendy Porter at the WEXP program at wexp.wems@gmail.com. For all other questions, contact Moe Loughran at 615-293-7269 or moeloughran@nashvillescreativehouse.com.

DEPOSIT OF \$25 DOLLARS IS DUE April 25th AND FULL PAYMENT (\$350 made out to WEXP, total being \$375 for camp for the two weeks) MUST BE TURNED IN TO THE West End Middle school office OR venmo by June 1st There is a \$25 dollar discount for siblings. Please write child's name and "Camp West End" in memo line.

Each Day your child will need to be in clothes they can paint, get messy and have fun in! PLEASE DO NOT send them in clothes they can't get paint on or other things such as glue, marker, etc. ALSO each day you will need to send them in with a lunch. We will provide two snacks and waters each day.

Your child is subject to all rules and regulations provided in the Metropolitan Nashville Public Schools Handbook and West End Extended Care Program's Handbook. Any violation of these rules is subject to dismissal from the program without refund.

Child's Name (First)	Last
Age:	Rising Grade:
Food Allergies/Allergies:	Concerns:
Main Contact Name:	Contact phone Can this number be texted to?
Alternate Contact Name:	Alternate contact phone number:

This Camp is made possible through a joint collaboration among West End Middle School, WEXP, West End Middle School's 3-star Before and After Care program, and Nashville Creative House.

Campers will perform the Evelyn Merritt adapted version of "The Pied Piper of Hamelin" by Robert Browning. Instructor Moe Loughran will lead the children in acting, and provide choreography instruction. The second part of the day, students will design and build their set out of recyclables.

Campers are to bring their own lunch and snacks will be provided.

About the instructor... Moe Loughran is one of Nashville's most accomplished artists. A graduate from Belmont University, Moe has performed nationwide as well as internationally since 1995. Having written for Randy Cox Music/Sony ATV through the 90's, with top 10 songs on CHR, HBO specials and MTV programs along with songs at Big Loud Shirt in the 2000's, Her talent also extends to her jingle work with national and international companies such as Toyota, Folgers, Rhodes Furniture and Nestea. Her accolades range from playing the SXSW, Indigirl Festival and Woodstock 99 as an independent artist to receiving an American Music Award for best unsigned act in 2003. Currently has several songs on tv trailers and tv programming on ABC and MTV.

WEXP Child's Application

___ Camp West End (June 10th-July 10th, 2020)

Full Name of Child: _____

Date of Admission: _____

Child's DOB: ___/___/___

Name the child goes by: _____

Immunization records on file at: _____

Address: _____

City: _____ Zip Code: _____

Home Phone: _____ Grade in Fall 2020: _____

Parents/Custodial Parents: _____

Mother's Name: _____

Home Phone: _____

Address: _____ City: _____

Zip Code: _____

Employer: _____

Work Address: _____

Work Hours: _____ Work Phone: _____

Cell Phone: _____

Father's Name: _____

Home Phone: _____

Address: _____ City: _____ Zip Code: _____

Employer: _____

Work Address: _____

Work Hours: _____ Work Phone: _____

Cell Phone: _____

Transportation Plan:

Please list any other adults to whom your child may be released or are authorized to provide transportation for your child.

Emergency Contact Information:

1) Name of the person, other than the child care provider, authorized to act for parent in an emergency.

Home address: _____

Place & Address of Employment: _____

Work Hours: _____

Work Phone: _____

Home Phone: _____

Cell Phone: _____

2) Name of the person, other than the child care provider, authorized to act for parent in an emergency.

Home address: _____

Place & Address of Employment: _____

Work Hours: _____

Work Phone: _____

Home Phone: _____

Cell Phone: _____

3) Name of the person, other than the child care provider, authorized to act for parent in an emergency. _____

Home address: _____

Place & Address of Employment: _____

Work Hours: _____

Work Phone: _____

Home Phone: _____

Cell Phone: _____

Please list any Allergies or Medical Conditions that should be considered.

Physician Contact Information: Physician's Name: _____ Phone: _____
Physician's Address: _____

Background Information: Other children in the family _____

Experiences with Others: What are some of the ways the child plays at home?
_____ Does he/she play with children from other families?
_____ How? _____

Does he/she react when he/she does not get his/her own way?

Is the entire family together for any time during the day? _____

Please add any other information you would like for us to know about your child.

Date of Birth _____

Child's Health History Checklist

In an effort to provide the best care for your child, we are requesting the following information. Under HIPPA regulations, all medical information will be kept confidential. ___Yes ___No

Please list:

Has your child ever been in the hospital overnight? ___Yes ___No

Is your child taking medication? ___Yes ___No

If yes, please list: _____

Any allergies or reactions to medicine or vaccinations or insects? ___Yes ___No

If yes, _____

Has your child had asthma or wheezing issues? Yes___ No ___

Does your child have hearing or speech difficulties? Yes___ No ___

Circle: Hearing Speech Does your child have difficulty with his/her eyes or vision? Yes___ No ___

Has your child had a bladder or kidney infection? Yes___ No ___

Has your child experienced seizures? Yes___ No ___

Has your child been diagnosed with a heart murmur? Yes___ No ___

Is your child able to play games or sports that require physical exertion? Yes___ No ___

Has your child experienced a visible reaction to the TB skin test? Yes___ No ___

Has your child been in contact with anyone diagnosed with TB? Yes___ No ___

Is your child a hemophiliac? Yes___ No ___

Has your child had ear tubes inserted? Yes___ No ___

GIRLS:

Please list any medical issues not addressed above: _____

Date of last Doctor's visit (month/year): _____

School Year 2020-2021

Agreement / Contract between West End Extended Care Program

(WEXP) and Parent/ Guardian

The following conditions involved in the care of:

(Child's name) _____ are understood.

My Child will be enrolled in:

Camp West End (see pg. 1 for information)

The Parent Agrees:

The parent will pay established fees (per month, per child) in advance of the first day of every month. Fees are established to cover the cost of childcare for the entire school year. Equal monthly rates are determined by dividing the annual cost of the program for each child by the number of calendar school days. Fees are due and payable while the child is enrolled, regardless of attendance. If fees are not paid by 6:00pm on the 5th day of the month, parents will pay a late fee of \$15.00. If fees are not paid by the last day of the month, the child will not be accepted on the first day of the next month and his/her place will be filled by the next child on the waiting list. If, after two instances of non-payment by the 5th day of the month, or two instances of returned checks occur, the family may be asked to withdraw from WEXP. WEXP closes at 6:00pm. Late pick-up fee is \$1.00 per minute, per child, paid at the time of the late pick up. Returned check fee is \$20.00 for any returned checks.

In all emergencies, the operator has permission to take all responsible measures necessary for the welfare and safety of the child.

In the case of illness or accident which may require a physician, Dr. _____ (or his/her designate) may be called at the parents' expense. Parents will be contacted as soon as possible.

Liability for the acts of the child while under the care of the operator is the parents' responsibility.

The parents must give written permission for the child to go on field trips sponsored by the operator. Parents will be notified in advance of dates, times, mode of transportation, and destination. I hereby grant permission for my child, _____, to participate in field trips scheduled by WEXP.

Under no circumstances will a child be permitted to leave with anyone not assigned by the parent/guardian. Staff will ask for identification from a person assigned by the parent/guardian.

I understand that WEXP will not release my child to anyone whose behavior may place my child in immediate danger (any type of risky behavior including intoxication, confrontational anger, or other atypical behavior).

I understand the importance of an orientation visit, I will schedule one at the time of enrollment and/or attend the orientations scheduled before the first week of school.

Notification of change in departure routine must be made in writing. Telephone calls to denote change will be acceptable only if the parent/guardian talks directly to the Director or Assistant Director of WEXP. This is for your child's protection.

The WEXP Parent Call Policy is as follows: Parents are asked to call WEXP before 3:45 p.m. each day their child will be absent from after school care, (you may also send a text message or an email). The WEXP staff will

call parents of "missing" children. Three courtesy calls (3 separate days) per school year will be given, after which time a \$5.00 fee for each day calls are made will be charged. Fees are due within 2 days or late fees will go into effect.

The Operator agrees that: 1. In return for the sum which parent agree to pay, the operator will give reasonable care to the above named child for the hours of operation that the child is enrolled except for the following days:

- •Labor Day
- •Thanksgiving Day
- •The day after Thanksgiving
- •December 24,25,31 and January 1 (or 4 designated Winter break days)
- •Good Friday
- •Memorial Day 1/2 day care will be provided during designated 1/2 days included in the school calendar. An extra fee of \$15.00 per day will be charged to any before school care enrollees for each 1/2 day, no fee for after school enrollees. If school dismisses at 12:30 p.m., send a lunch with your child when he/she attends. For any other school closing days when WEXP is open and the parent/guardian pays to register child, WEXP will provide care from 8:00 a.m. – 5:00 p.m. unless otherwise stated. The fees for full day care will be posted along with the registration information. Snow Day care is provided when possible.

*Additional closures may occur but only if services are not needed by participating families.

WEXP carries liability and accident insurance. Additionally, my child is covered under the following plan: Insurance Name and Policy

#:_____

The operator will provide experiences for the child designed to meet his/her needs. The operator believes that school age children should have a stimulating environment in which all areas of growth, physical, mental, social and emotional are supported. With qualified staff, and appropriate equipment and supplies, the operator is endeavoring to offer the opportunities to further the development of each child. In addition to physical care, a DHS approved nutritious snack will be served daily.

WEXP will provide cumulative fee information for tax purposes. The WEXP tax identification number (EIN) is: 62-1860196 and can also be found on the bottom of the fee notice.

WEXP is an equal opportunity employer, and believes in the concept of affirmative action.

PARENT AND OPERATOR AGREE THAT:

This is a contract binding both operator and parent/guardian.

This contract may be terminated by either the parent/guardian or operator: Parent/Guardian must give written notification that is received by WEXP at least 30 calendar days prior to the intended last day, its monetary equivalent, or at any time by mutual agreement of both parties. Verbal notification does not fulfill this requirement.

I, Parent/Guardian, have received the DHS Licensing Requirement summary and I am responsible for the information provided in the summary.

Parent/Guardian Signature_____ Date_____

West End Extended Program_____ Date_____

Statement of Understanding and Permission

Please initial in designated space:

____ In the event of an emergency, I hereby give permission to the WEXP staff to secure proper medical treatment for my child. In the event I cannot be reached, I hereby give permission to the physician selected by WEXP staff to order routine tests and treatment for the health of my child.

____ I understand that all children enrolled in the program are expected to follow the rules as established by the children and staff for the purposes of safety and community. Should a behavioral problem arise, staff will contact the WEXP Director. Disciplinary procedures are:

- 1) Verbal warning
- 2) Redirection to another activity
- 3) Meeting with the Director
- 4) Notification of Parents

____ I understand that if my child is not attending WEXP, for any reason, I am to notify the Director in advance.

____ I understand that should my child have a fever or symptoms of a developing illness, I will be notified and expected to pick up my child promptly.

____ I understand that as Elmington Park is not located on school property, DHS considers park visits as walking field trips.

____ I give WEXP permission for my child to go to Elmington Park as part of WEXP daily activities.

____ The completion of child information forms officially enrolls my child in WEXP. It is my responsibility to provide the Director with updates and changes of any information provided.

Parent/Guardian _____

Date _____