

**Join Us!!!!**



**Sonlight Kids' Club \*Summer 2022\***  
[lfn@wcavt.org](mailto:lfn@wcavt.org) 1-802-479-0141

### **What is the cost?**

The cost for the camp is charged by a weekly rate of \$150.00 per student. A sibling rate is 10% off, or a total of \$135.00 per week. This year, we are also offering a 4-day option. The 4 day option needs to be the same 4 days each week, communicated with Di or Jordan. The 4 day option is \$125.00 per week, with a 10% sibling discount for the same days.

### **What are the hours?**

Camp hours are 8:00-4:00 p.m. daily.

### **When does it start and end?**

Opening Day: Monday, June 13, 2022

Final Day: Friday, August 19, 2022

**EARLY RELEASE: FRIDAY, JULY 1, 2022, @ 11:30 A.M.**

**\*\*\*\*\*CLOSED JULY 4-8, 2022\*\*\*\*\***

**\*\*\*\*\*CLOSING CEREMONIES (PARENTS/GUARDIANS INCLUDED 8/19/2022 @ 2:00)**

### **How does payment work?**

A non-refundable deposit of \$25.00 is required per child/per week to reserve a slot for the weeks you are choosing. *The remaining non-refundable balance is due in its entirety by May 1, 2022 to guarantee your child's slot* Should you have any questions, please message Di at [lfn@wcavt.org](mailto:lfn@wcavt.org).

**\*\*\*\*\*State Subsidy is accepted for eligible children.\*\*\*\*\***

### **How do I reserve a spot?**

The first step is to send us an email to: [lfn@wcavt.org](mailto:lfn@wcavt.org) letting us know that you'd like to sign your child/ren up for our camp. The next step is to fill out this form and return it with your deposit for each child and each week you are reserving. Your spot will NOT be reserved until all necessary paperwork and payment have been received. At this point, we will send you an email confirmation that you are all set! **Important information: 40 slots are available and will likely go quickly, so you are in the best position if you reserve your spot(s) early.**

### **What is \*new\* for the summer of 2022?**

This year our Sonlight Kids' Club will be held at our Vine Street location. The physical address is: 317 Vine Street, Berlin, VT.

We will offer tutoring for: Reading and STEM and will enjoy Arts & Crafts, Baking, Games and Activities (both outdoor and indoor in our GYM.)

### **Who can attend?**

Children who have completed Kindergarten - age 12. If your child has not completed kindergarten, he/she is to continue at LFN through the summer of 2022.

**Sonlight Kids' Club is an all-inclusive program. With that being said, it is the responsibility of the parent/guardian to communicate with Di or Jordan if your child/ren require(s) special services to ensure that we will have the staffing available to meet specific needs. Safety is of the utmost importance; as such, we reserve the right to terminate services if our program is not a good fit for your child/ren.**

**SUMMER 2022  
RESERVATION:**



<b>WEEK:</b>	<b>4 or 5 Day Option (Please Circle One)</b>	<b>Child 1 Name:</b>	<b>Child 2 Name:</b>	<b>Child 3 Name:</b>
<i>June 13-17</i>	<i>4 Day or 5 Day</i>			
<i>June 20-24</i>	<i>4 Day or 5 Day</i>			
<i>June 27-July 1</i>	<i>4 Day or 5 Day</i>			
<i>July 4-8</i>	<b>*****CLOSED*****</b>	<b>CLOSED</b>	<b>CLOSED</b>	<b>CLOSED</b>
<i>July 11-15</i>	<i>4 Day or 5 Day</i>			
<i>July 18-22</i>	<i>4 Day or 5 Day</i>			
<i>July 25-29</i>	<i>4 Day or 5 Day</i>			
<i>Aug 1-5</i>	<i>4 Day or 5 Day</i>			
<i>Aug 8-12</i>	<i>4 Day or 5 Day</i>			
<i>Aug 15-19</i>	<i>4 Day or 5 Day</i>			

Family Name: \_\_\_\_\_

(please print)

Contact Phone Number: \_\_\_\_\_

Contact Email: \_\_\_\_\_

*If you would like to purchase a Sonlight T-SHIRT (\$15.00) for your child, please complete:*

<b>Child Name:</b>	<b>Small (6-8)</b>	<b>Medium (10-12)</b>	<b>Large (12-14)</b>	<b>XLARGE (16-18)</b>



**Sunlight Kids' Club** \*Summer 2022\*  
[ifn@wcavt.org](mailto:ifn@wcavt.org) 1-802-479-0141

# Registration Form:

## **Child Information:**

Child's Full Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary Language: \_\_\_\_\_

## **Parent/Guardian Information:**

Parent/Guardian Full Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Parent/Guardian Address (If different): \_\_\_\_\_

Email Address: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Parent/Guardian Full Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Parent/Guardian Address (If different): \_\_\_\_\_

Email Address: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Court Order In Effect for: \_\_\_\_\_

## **Authorized Pick Up:**

List all individuals who are authorized to pick up your child:

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**Emergency Contacts:**

*If neither parent/guardian can be reached in case of emergency, call:*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Medical Contacts:**

Name of Child's Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Child's Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Child's Well-Care Exam Documentation

Child's Immunization Record

**Additional Information:**

*Please describe any additional information you would like us to know about your child. This could include special medical, developmental, emotional or educational needs, allergies, existing illnesses or injuries, previous serious illnesses or injuries and any prescribed medication including those for emergency situations.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Child's educational documentation (e.g. IEP, CIS One Plan, or equivalent)

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

**Medication Permission:**

I/We give permission for WCA/Sonlight staff to administer the following, as needed:

\_\_\_\_\_ Sunscreen

\_\_\_\_\_ Triple Antibiotic Ointment

\_\_\_\_\_ Insect Repellant

\_\_\_\_\_ Hydrocortisone/Anti-Itch Cream

\_\_\_\_\_ Tylenol

\_\_\_\_\_ Ibuprofen

\_\_\_\_\_ Benedryl (for allergic reaction)

\_\_\_\_\_ Calmine Lotion

\_\_\_\_\_ Pepto Bismal

***Does your child have any allergies, illness, disability or other medical conditions? If so, please list below:***

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*\*Note: all reasonable attempts will be made prior to administration of medication*

**Authorization:**

I/We, as parents/guardians, take full responsibility for any side effects that may be caused by the medications we are authorizing to be administered. We understand that WCA/Sonlight is only administering the medication at our request and will not be held responsible for any adverse reactions.

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
Date

**Participation Permission:**

Please initial:

\_\_\_\_\_ I/we give permission for my/our child to have photos taken and recognize those photos may be used for any legal purpose, including but not limited to: yearbook, publicity, copyright purposes, illustration, advertising, and web purpose.

\_\_\_\_\_ I/We give permission for my/our child to participate in activities/recess that take place under the direct supervision of WCA/Sonlight staff. This includes, but is not limited to: cafeteria, playground, and field use or activities on the WCA property.

\_\_\_\_\_ I/We give permission to print our child's immunization record from the Vermont Immunization Registry.

\_\_\_\_\_ I/We give permission for our child to participate in WCA's SKC activities.

**Liability Release and Parental Consent Form:**

In consideration of the acceptance of my application for the summer recreation program, I hereby waive, release, and discharge any and all claims for damages for personal injury, property damages or which may hereafter occur to my child as a result of their participation in said summer program. It is understood that some recreational activities involve an element of risk or danger of accidents, and knowing those risks, I hereby assume those risks.

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

## LFN/WCA's Sonlight Kids' Club General Health Form:

**All children enrolled in the programs must have had a physical examination within one year of enrollment. Please have your child's physician complete this form, or a comparable form and fax it, along with immunization records to**

**LFN/Sonlight Licensed Programs**

**Attn: Dianna Fecher or Angela O'Meara**

**Fax: 1-802-476-7834**

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Last Exam: \_\_\_\_\_

\_\_\_\_\_ This child has no health conditions or medication that impact enrollment in LFN/Sonlight Kids' Club.

\_\_\_\_\_ This child has a condition or medication that should be known by the provider:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Immunization Records Included

Health Care Provider Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_

Health Care Provider Signature: \_\_\_\_\_