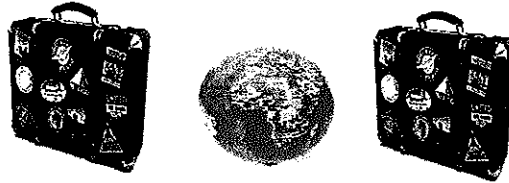


# Wichita Friends School

14700 W. Kellogg-Wichita, Kansas 67235

316-729-0303 [wichitafriendsschool.org](http://wichitafriendsschool.org) like us on facebook

## SUMMER FUN! PASSPORT KIDS



We are exploring 12 different countries!

What in the world Do they Do in that country? Where is that country?

What language Do they speak? How Do they live?

**MORE FUN.....**



music, art, field trips, visitors, photography, gardening, cooking, devotions, sports, and water activities

- \$150 per week
- \$30 non-refundable enrollment fee
- You bring the lunch, we do the snacks
- Closed 4<sup>th</sup> of July
- 7 am to 6 pm
- May 30 to August 11<sup>th</sup>
- Ages 3 to 10
- Quaker values of SPICES

Simplicity, Peace, Integrity, Community, Equality, Stewardship



Date Submitted: \_\_\_\_\_

### 2017 SummerFUN! Enrollment Application

\$30.00 non-refundable application fee  
\$150.00 per week (9:00 am – 4:00 pm)  
\$45.00 per day (Full day) / \$35.00 per day (Half day)

Payment is due the first of the week.

Name of Child \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Before Care participant: {  } After Care participant: {  } Full Time participant: {  }

**Part Time Participant**

9am-4pm	Mon ( )	Tues ( )	Wed ( )	Thur ( )	Fri ( )
9am-12pm	Mon ( )	Tues ( )	Wed ( )	Thur ( )	Fri ( )
1pm-4pm	Mon ( )	Tues ( )	Wed ( )	Thur ( )	Fri ( )

**Parent / Guardian Information #1:**

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

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Alternate Phone#: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

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

**Parent / Guardian Information #2:**

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

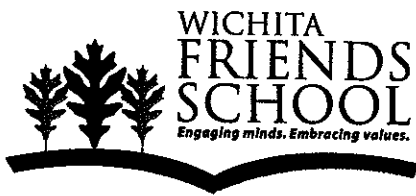
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Alternate Phone#: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

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

Signature of Parent / Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



## 2017 SummerFUN! Medical Information & Release form

In case of emergency and no one can be reached at home or at work, please call:

Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship to the child: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship to the child: \_\_\_\_\_

Child's Physician to Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_ Phone #: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Health Insurance Policy Name and Number: \_\_\_\_\_  
\_\_\_\_\_

Is your child restricted from sports or swimming? ( ) Yes ( ) No if so, please explain: \_\_\_\_\_

Is your child taking any medicine or treatment? ( ) Yes ( ) No if so, please list: \_\_\_\_\_

Does your child have?

- ( ) Hay Fever                      ( ) Sinus Trouble                      ( ) Heart Trouble  
( ) Diabetes                      ( ) Asthma                      ( ) Epilepsy

( ) Food Allergies ~ if so, please explain: \_\_\_\_\_  
\_\_\_\_\_

( ) Other: \_\_\_\_\_  
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Has your child ever had a severe reaction to an insect bite or bee/hornet sting? ( ) Yes ( ) No

If so, explain: \_\_\_\_\_

Date of last Tetanus Toxoid Immunization: \_\_\_\_\_

( ) I give my authority and consent to Wichita Friends School sponsors/leadership to seek a doctor or qualified person to provide emergency medical treatment to the named student on this form in the event he/she is ill or injured while participating or traveling to or from any school sponsored event/activity. I, undersigned parent/guardian of the named student who is a minor, hold harmless its sponsors and representatives from any and all actions, causes of actions, damages, and/or liabilities arising from the medical treatment of any sickness or injuries from an accident incurred by my said child during this activity.

( ) I give my consent to Wichita Friends School to use any photographs taken during the SummerFUN! Program for use on Facebook, Social Media, Brochures, Promotional Use, Front Sign, etc.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_