

Summer Camp Information 2025

<u>THEME</u>	<u>DATES</u>
Science/Robotics	Camp 1 June 09-13
Sports #1	Camp 2 June 16-20
Arts	Camp 3 June 23-27
Camp Surprise	Camp 4 June 30-July 2
Sports #2	Camp 5 July 7-11
Cooking	Camp 6 July 14-18
Sports #3	Camp 7 July 28-Aug 1st

*****No Camp on July 3rd and 4th (3 Day Mon. Tues. Weds only Camp)
There will not be a camp the week of July 21st-25th.***

Summer Camp choices are either a 3 day camp Mon. Weds. Fri. or a 5 day camp Mon-Fri.
Camp Basic pricing does not include the fees for Field Trips.
Field Trip information and pricing will be available at a later date.

The School Bus can only accommodate 30 students.

Field Trips will be on a First Come First Served Basis. For 1st –5th Grade Students only.

A free Hot Lunch will be provided for lunch one day a week,
(Day will be determined prior to camps starting)

***Some activities will require additional completed Event Permission Forms
to be able to participate.***

The 1st camp that will be attended must be paid for at time of registration.
The balance of Camps 1-4 is due No Later than May 16th 2025
The balance of Camps 5-7 is due No Later than June 20th 2025



10555 Spring Cypress Road, Houston, TX 77070

Phone: 281 378 4080 email: taps@windwoodpc.org

Summer Camp Enrollment Form 2025

2 Years Old (By June 1st)— Entering 5th Grade

Please complete entire form, do not leave blanks. **PRINT CLEARLY!**

Office Use Only	
Reg. # _____	Date _____
Fees paid _____	
Check# _____	Cash _____
Paperwork: HF HS SR	

Child's Full Name Last: _____ First: _____ Middle: _____

Date of Birth _____ Child's Age on June 1, 2025: _____ Gender: M / F

Please Circle Grade entering 2025: Pre 2 Pre 3 Pre 4 K 1st 2nd 3rd 4th 5th

Child's Home Address _____ City, State, Zip _____

Child's Home Phone Number _____ Date of Admission _____

Mother's Full Name _____	Father's Full Name _____
Mother's Home Phone Number _____	Father's Home Phone Number _____
Mother's Work Phone Number _____	Father's Work Phone Number _____
Mother's Cell Phone Number _____	Father's Cell Phone Number _____
Mother's Address _____	Father's Address _____
Mother's City, State, Zip _____	Father's City, State, Zip _____
Mother's Email Address _____	Father's Email Address _____
Place of Employment _____	Place of Employment _____

Is there a custody order on file with the State of Texas? (circle) YES NO PENDING

**If circled YES, a current copy of your court order must be attached*

Attendance Summer Camps

My child will be in attendance. (9:00am—2:30PM)

____ Monday/Wednesday/Friday OR ____ Monday through Friday +++

+++ M-F class may be taught by more than one set of teachers

Before Care: 8:00 am-9:00 am ____

Mon. ____ Tues. ____ Weds. ____ Thurs. ____ Fri. ____

Extended Care: (Circle) 2:30 pm-4:30pm 2:30pm-6:00pm

Mon. ____ Tues. ____ Weds. ____ Thurs. ____ Fri. ____

Please check which Camps your child would like to attend.

Camp 1 June 9-13 _____ Camp 5 July 7-11 _____

Camp 2 June 16-20 _____ Camp 6 July 14-18 _____

Camp 3 June 23-27 _____ Camp 7 July 28–Aug 1 _____

Camp 4 June 30-July 2* _____

***No Camp on July 3rd & 4th (3 Day Camp Only)
No Camp July 21-25*

The 1st regular camp that will be attended must be paid for at time of registration.

Tuition balance for Camps 1-4 is due No Later than May 16th 2025

Tuition balance for Camps 5-7 is due No Later than June 20th 2025

Children ages 4 by June 1st and up must be fully potty trained.

Field Trips for 1st-5th graders, information prices and forms will be available at a later date.

Parent or Legal Guardian Signature Date

Student Name: _____

I understand that a morning snack will be served. If attending extended care an afternoon snack will also be served.

Parent Initial _____

Permissions *(please circle)*

I hereby give / do not give consent for my child to be transported and supervised by the operations employees for *(please circle all that apply)* Emergency Care Field Trips (Using the School Bus)

Field Trips (Kindergarten maybe included in Field Trips if there are openings available)

I hereby give / do not give my consent for my child to participate in field trips (5 years old and up)

I hereby give / do not give my consent for my child to participate in water activities

(please circle all that apply) Sprinkler Play Splashing/Wading Pools Water Table Play

Parent Signature _____

Photo and Social Media Release

From time to time our staff may take photographs/videos for classroom/school and social media (School websites, Facebook, You Tube, Instagram) purposes. Your child's name will not be used on Social Media.

I Give ____ Do Not Give ____ my consent for the staff to take photographs/videos of my child.

Parent Initial: _____

Outside Employment

I understand that the staff at this facility are prohibited in participating in outside employment with parents.

Parent Initial _____

Social Networking with Staff

I understand that the staff at this facility are prohibited in participating in social networking activities with parents or children enrolled at the facility other than the school's Playground App. *(Such as Facebook, Twitter, Instagram).*

Parent Initial _____

I acknowledge receipt of the Parent Handbook of operational policies and procedures including those for discipline and guidance.

Parent Signature _____

Date _____

Your child is not considered to be enrolled and does not have a slot until the Tuition Fees are paid in full.

One weeks notice in writing is required if you withdraw your child.

Please note, only one camp change will be allowed free of charge. Any further changes will be assessed a \$25 fee.

Children who turned 4 by June 1st 2025 must be fully potty trained.

We are unable to accept New Students that require an Epipen for severe allergies. (See School Policy in Handbook)

We cannot guarantee which teacher your child may have, as different teachers work each Camp.

Fees are NON-REFUNDABLE for any reason.

Parent or Legal Guardian Signature

Date



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Authorization for Emergency Medical Care Summer Camps 2025

Authorization for Medical Attention
 In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take: **Child's Name** _____ **Date of Birth** _____
 to:
Name of Physician _____ **Emergency Care Facility** _____
Address _____ **Address** _____

Phone _____ **Phone** _____
 I give consent for the facility to secure any and all necessary emergency medical care for my child.
Signature of Parent _____ **Date** _____

Special Needs
 List any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, and medication prescribed for long term continuous use, and any other information which caregiver's should be aware of: _____
 If not applicable, initial here _____

Does the child require an Epipen for allergies: Yes ___ No ___ (See School Policy in Handbook.)
(If your child with severe allergies is accepted into the program the F.A.R.E. form and Parent Request for Administering Medication Form must be completed by the doctor, prior to the child attending the program.)
Signature of Parent _____ **Date** _____

Emergency Contact and Authorization to pick up *Please list local individuals to contact in the event of an emergency*
Full Legal name as on their ID is required. REL-Relationship to child (Grandma. Caregiver, uncle etc.)

Name _____	REL _____	Phone _____
Name _____	REL _____	Phone _____
Name _____	REL _____	Phone _____
Name _____	REL _____	Phone _____

Children that currently attend other schools or are enrolled at The Adventure Preschool or Kardia Academy

My child attends the following school and his/her required immunization record is on file at the school and all the required immunizations and /or tuberculosis test are current. Vision and Hearing screening records are also on file.

Name of School: _____ Phone # _____

Parent Signature: _____ Date: _____



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Physician's Statement 2025

Name of Child _____ Date of Birth _____

I have examined the above child within the past year and find that he/she is able to take part in The Adventure Program.

Health Care Professional Name _____

Address _____ City _____ State _____ Zip _____

Signature _____ Date _____

Age > Vaccine √	0-2 mths Date Given	By 3mths Date Given	By 5mths Date Given	By 7 mths Date Given	By 16 mths Date Given	By 19 mths Date Given	By 25mths Date Given	By 43 mths Date Given	By 43 mths Date Given	By 59 mths Date Given
Hepatitis B										
Rotavirus										
Diphtheria, Tetanus, Pertussis										
Haemophilus Influenza type B										
Pneumococcal										
Inactivated Polio										
Influenza										
Measles, Mumps Rubella										
Varicella										
Hepatitis A										
Meningococcal										

TB Test (if required) please circle Positive Negative Date _____

Signature or Stamp of a physician or public health personnel verifying immunization information above.

Signature _____ Date _____

Varicella (chickenpox) vaccine is not required if your child has had chickenpox disease. If your child has had chickenpox, please complete the statement: My child had varicella (chickenpox) on or about (date) _____

Parent Signature _____ Date _____

Complete ONLY if Applicable

I am excluding my child from the immunization requirements for reasons of conscience, including a religious belief. I have attached an official affidavit form developed and issued by the Dept. of Health Services. I understand that this affidavit is valid for 2 years. Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of; I have attached a signed and dated affidavit stating this.

Parent Signature _____ Date _____