

# John Wade's Karate and Gymnastic Childcare

Ph.662-536-2020 549 Jennings Dr. Southaven MS 38672

## Summer Camp 2017

**Welcome to Summer Camp 2017** Camp runs  
**May 23rd through August 2<sup>nd</sup>** . It begins the  
**first day of summer break and ends first day**  
**of school for Desoto County.**

### Hours and rates:

Open 6:01 am – 6:00 pm

\$35.00 Registration Fee

\$110 activity fee (incl. field trip entrance)

\$125.00 Weekly

\$30 daily Part time (+ activity fee)

\$10 t-shirt, \$33 uniform

Late pick-up fees – 6:05-6:15pm - \$10

After 6:15- additional \$1.00 per minute

Available Discounts

Referral program-

10% off second child full time tuition 10%

off tuition for teachers, clergy, and active

military,multiple children family rate, Team

National Discounts cannot be combined.

### Vacation Days

Summer fee \$125 per week. We allow full week  
vacation weeks. Any additional days taken must be  
paid by parents or responsible party. Part time care  
options are available. (Activity fee is \$27.50 per  
week for part time until \$110 summer fee is  
reached.)

### Payment options

Pay in full or two payments– by cash, check, Visa,  
or MasterCard

Weekly or semi-monthly by auto pay debit or credit  
card only. No weekly cash or checks are accepted.

### Registration requirements

1. Registration packet
2. Billing Form

3. Copy of MS 121 immunization health dept.  
form for new kindergarteners only
4. \$35.00 Registration Fee
5. \$110 activity fee

### Camp Supplies

Please place a change of clothes in a bag labeled  
with your child's name.

**Boys** –Change of clothes labeled with name,  
sunscreen name labeled, Markers name labeled, 1  
box Gallon size Ziploc, baby wipes, 1 pkg Clorox  
wipes, 1 box of tissues

**Girls**- Change of clothes labeled with name,  
sunscreen name labeled, Markers name labeled 1  
box sandwich, or quart size zip lock bags, 1 pkg  
baby wipes, 1 pkg Clorox wipes, pkg of pencils or  
band aids

We also accept donations of toys, games, craft  
supplies, reward box items and stickers,

### Weekly Activities

Karate or gymnastics, Arts and crafts, Music,  
Karaoke, Science experiments, Swimming, Field  
trips, Sports, character building, Bible stories/  
activities

### LUNCHES and SNACKS

We provide all campers an early morning breakfast  
(arrive by 7:25), mid-morning snack, and afternoon  
snack. Campers may bring their lunch or purchase a  
catered meal provided by McAllister's. We serve  
milk or juice and water with snacks and lunch.  
Bottled juice or sport beverages may be purchased.  
We will NOT sell carbonated or caffeinated soft  
drinks during summer camp. Other special menus  
days such as Pizza Day may be offered. These days  
are noted on the calendar.

## FIELD TRIPS

For safety reasons, children must wear a red summer camp T-shirt on field trip days. Field trips Children may NOT bring extra money for field trips On Movie field trips, kids can purchase an optional drink, and small candy.

dates are on the summer calendar. Children are transported by childcare van or bus and escorted by childcare staff.

unless noted on the calendar.

kid's snack pack for \$3.50 which includes popcorn,

**Tradable games, toys, or cards such as not traded or won in battle. The ones responsible for lost, damaged, or stolen items.** **Beyblades, Bakugan, Shopkins, etc. can be you bring are the ones you take home. We are not played but**

ENROLLMENT APPLICATION JOHN WADE CHILDCARE  
Summer session 2017

Father \_\_\_\_\_ Mother \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_  
Employment: \_\_\_\_\_ Employment: \_\_\_\_\_  
Day Ph.(\_\_\_\_) \_\_\_\_\_ Day Ph.(\_\_\_\_) \_\_\_\_\_  
Night Ph.(\_\_\_\_) \_\_\_\_\_ Night Ph.(\_\_\_\_) \_\_\_\_\_  
Cell: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_  
Email: \_\_\_\_\_ Email: \_\_\_\_\_

Child's name \_\_\_\_\_ Age \_\_\_ Birth date \_\_\_\_\_ MS 121 Form \_\_\_\_\_

Child's name \_\_\_\_\_ Age \_\_\_ Birth date \_\_\_\_\_ MS 121 Form \_\_\_\_\_

Parents are \_\_\_\_\_ married/together \_\_\_\_\_ separated \_\_\_\_\_ Divorced. If parents are separated or divorced, do parents share custody \_\_\_yes \_\_\_no; \_\_\_\_\_ has full custody. Do you have court documents supporting this custody arrangement? \_\_\_ yes \_\_\_no Current copy of record on file. \_\_\_\_\_

The following conditions involved in the care of the above are understood and agreed upon between John Wade's Martial Arts and Gymnastics and \_\_\_\_\_. (Parent/Guardian)

Summer care includes care from 6:01am- 6:00pm  Weekly

summer care per week \$125

Part time care 2 or 3 days a week \$30 per day plus activities

Additional Fees

Registration fee- \$35

Activity fee \$110 per summer term includes field trip entrance T-shirt

\$10

Starter uniform \$33

John Wade's Martial Arts agrees that:

1. In return for the sum that the parent agrees to pay, the school will give care to the above named child the times agreed upon by the parent/guardian. The child care is open from 6:01am to 6pm Monday thru Friday. We will be closed on the following holidays: Memorial Day, Independence Day
2. Note: Other days may be scheduled by administration. Prior notice will be given.
3. The center will exercise reasonable care and judgment in all matters related to the welfare and safety of the child. In case of an accident or illness to the child, the worker will promptly take such reasonable measures as are, in his or her judgment, in the best interest of the child and will notify the parent as soon as possible.

4. The center will not release the child to anyone other than the parent or guardian unless there is permission from the parent or guardian.
5. The center will provide karate or gymnastic training, snack, and a variety of other play and learning activities.

THE PARENT AGREES THAT :( Initial by each statement)

\_\_\_\_1. The parent will pay in advance for care the sum of \$\_\_\_\_\_ as indicated above. Responsibility for payment on time is that of the parent or guardian who signs the agreement form. **All checks and auto debits returned are subject to a \$20.00 service fee.**

\_\_\_\_2. The parent will give two weeks notice when the child is to be withdrawn from our program DURING WHICH PAYMENT FOR SERVICES IS REQUIRED.

\_\_\_\_3. The parent will not violate the hours of care agreed upon. In an emergency, a parent may call the center for a child to remain past closing time. **A late fee will be assessed of \$5 in the first 10 minutes and \$1 additional per minute after ten minutes to be paid at the time of pick up.**

\_\_\_\_4. In all emergencies, the center has permission to take such reasonable measures as are, in the judgment of the worker, necessary to the welfare and safety of the child.

\_\_\_\_5. The center reserves the privilege of immediately dismissing any child if, after entering he seems unable to participate in group experiences or is a threat to him/herself, staff, or another student.

\_\_\_\_6. Liability for acts of the child while under the care of the center is the parent's responsibility.

\_\_\_\_7. Parents understand that primary accident or hospitalization insurance on the students and the obtaining of such insurance protection, if desired, is the responsibility if the parent. We do carry limited insurance effective after the client's primary policy is exhausted.

\_\_\_\_8. Full time students must pay for the full number of weeks even if your child does not attend.

\_\_\_\_9. If a child has a fever or vomiting, the parent will be contacted and asked to come for the child.

\_\_\_\_10. Allergy warning- We serve peanut products, milk, soy, wheat, chocolate, fish and tree nuts. If your child has a significant allergy to any of these products, we CANNOT guarantee that your child will not be exposed to these substances in our facility.

\_\_\_\_11. A calendar of activities is available with information about field trip departure and return times. If your child arrives after the field trip has departed, we are unable to return for your child and cannot guarantee someone will be available to watch your child on campus.

\_\_\_\_12. I understand that this is a Christian childcare center and that my child will be taught Biblical principles through activities such as but not limited to Bible stories, prayer, scripture memory, and games.

John Wade Karate and Gymnastics and parents understand and agree that :

1. This agreement is a contract binding for both center and parent.
2. The contract may be terminated by either the parent or the center upon notification of intention at least two weeks in advance, or at anytime by mutual agreement of both parties. Significant behavior infraction may result in immediate dismissal.

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

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

\_\_\_\_\_  
(Authorized Signature of Center)

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

May we take your child's photo? \_\_\_\_ YES \_\_\_\_ NO May your child's picture or image be used for John Wade's publicity, promotion, or media purposes? \_\_\_\_ YES \_\_\_\_ NO

I HAVE RECEIVED PARENT POLICY STATEMENT AND AGREE TO FOLLOW THE GUIDELINES THEREIN.

Signature \_\_\_\_\_

Date \_\_\_\_\_

I HAVE RECEIVED A COPY OF THE PARENT HANDBOOK. ( copy online)

Waivers

JOHN WADE’S KARATE AND GYMNASTICS LLC. URGES ALL MEMBERS TO OBTAIN A PHYSICAL EXAMINATION PRIOR TO ATTENDANCE IN MARTIAL ARTS AND/ OR GYMNASTICS AND UNDERSTAND THAT EVEN IF I OBTAIN AN EXAMINATION FOR MYSELF OR MY CHILD IT IS MY RESPONSIBILITY AND MY DOCTOR’S RESPONSIBILITY TO DETERMINE IF IT IS SAFE FOR ME OR MY CHILD TO PARTICIPATE . IN RECOGNITION OF THE POSSIBLE DANGER CONNECTED WITH ANY PHYSICAL ACTIVITY OF THE MEMBER.. I HEREBY KNOWINGLY AND VOLUNTARIALLY WAIVE ANY RIGHT OF CAUSE OF ANY ACTION OF ANY KIND WHATSOEVER ARISING AS THE RESULT OF SUCH ACTIVITY FROM WHICH ANT LIABILITY MAY OR COULD ACCRUE TO JOHN WADE KARATE AND GYMNASTICS , OFFICERS, AGENTS, EMPLOYEES OR INSTRUCTORS.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

BOUNZ

IN RECOGNITION OF THE POSSIBLE DANGER CONNECTED WITH ANY PHYSICAL ACTIVITY AND IN THIS CASE JUMPING IN THE MOONBOUNCES AND PLAYING IN THE BUILDING. I HEREBY KNOWINGLY AND VOLUNTARIALLY WAIVE ANY RIGHT OF CAUSE OF ANY ACTION OF ANY KIND WHATSOEVER ARISING AS THE RESULT OF SUCH ACTIVITY FROM WHICH ANT LIABILITY MAY OR COULD ACCRUE TO BOUNZ, OFFICERS, AGENTS, EMPLOYEES OR INSTRUCTORS.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Tunica Aquatics Center

I give my permission for my child(ren) to travel to Tunica with John Wade Childcare and to participate in the water activities. In recognition of the possible danger connected with water play activities, I knowingly waive any right of cause of action arising as a result of such activity from which any liability may accrue to John Wades Karate and Gymnastics LLC. Staff and Tunica Aquatic Center staff.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Sunscreen application

I give permission for sunscreen to be administering sunscreen to my child as necessary. If your child has sensitivity to sunscreen and can only use their own individual labeled sunscreen sent from home, please check here \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Broadway Baptist Church Vacation Bible School

I give permission for my child to attend the Broadway Baptist Church Vacation Bible School. I understand that my child will be supervised by John Wade Childcare staff during VBS.

Signature \_\_\_\_\_ Date \_\_\_\_\_

CHILD’S NAME \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade completed \_\_\_\_\_

PARENT/GUARDIAN NAME \_\_\_\_\_

The following info will be shared with the church unless your check here \_\_\_\_\_...

MAILING ADDRESS \_\_\_\_\_

Phone \_\_\_\_\_

Do you attend Sunday School? If so where? \_\_\_\_\_

May we (the church) have permission to photograph your child? Yes No

## **JOHN WADE CHILDCARE ELECTRONICS POLICY**

### **Electronics are permitted on Friday only.**

1. The center and staff are not responsible for any electronic devices, games, accessories, or chargers that are lost, broken, missing, left behind, or stolen. Your child alone is responsible if he or she shares, loans, or gives his or her electronic device to another child to use or borrow.
2. Electronic devices may not leave the building for play outdoors or taken on field trips including cell phones. Due to liability and safety concerns children may not make or receive phone calls from childcare. If you need to reach your child, you may call 662-536-2020 to talk to your child.
3. Children cannot use the internet during childcare. All electronics that have internet or blue tooth capabilities must be disabled or have the strictest parent and filter controls set during childcare this includes all electronics but not limited to cell phones, hand held games, mp3 players, I-pads, I-pods, laptops, etc.
4. Children may not take or store photos or video of other children or staff or share photos or video of other children or staff in any form of electronic or social media.
5. No illegal, malicious, or dangerous activity whatsoever on any device. No mean, derogatory, inappropriate, or bullying texting, photos, videos, phone calls, message board comments, posts, or other media bullying is tolerated at any time.
6. All games, apps, music, movies, and any other type of media must be kid friendly. No scary or adult themed content, images, music or activities or Teen or Mature rated materials are allowed.
7. Children who fail to follow these policies will lose electronic use privileges. Parents or guardians are legally and financially responsible for any situations and legal costs that arise from their child's misuse, abuse, or disregard of this policy.

Parent signature \_\_\_\_\_ Date \_\_\_\_\_

I agree to follow all of the rules and guidelines for safe and appropriate electronics use. I will follow verbal instruction from staff about all electronic related usage.

Child Name \_\_\_\_\_ Signature \_\_\_\_\_

## John Wade Childcare Center Policies

Hours of operation, enrollment information. The center will be open for care from 6:01 am- 6:00pm , Monday – Friday.

1. Children cannot be accepted earlier or kept later. In case of extreme emergency, parent must call the center at 536-2020 for child to remain past closing time. **After the center is closed, a late fee will be assessed of \$5 in the first 10 minutes and \$1 additional per minute after ten minutes to be paid at the time of pick up.**
2. All enrollment forms for the child must be completed by the parent or legal guardian. A MS 121 Immunization Compliance form is required for enrollment showing current immunizations for children entering kindergarten only... Other immunization records are not acceptable.
3. Parents must fill out an authorization form that gives persons other than the parent permission to pick up children. If a different person than usual is to pick up a child, a note written, or a phone call to this effect must be made by parent or guardian. If the person is not on the list the center must be notified in writing of pickup authorization.
4. Parents are to notify center of change in work , cell, or home phone numbers in order to be reached in case of an emergency. Parents should also notify the center in event of any family changes (divorce, custody, etc.).
5. Parents are welcome to visit the center at all times. If a parents presence is disruptive to the class or their child, they may be asked to limit visits to noninvasive class times.
6. **A calendar of activities is available with information about field trip departure and return times. If your child arrives after the field trip has departed, we are unable to return for your child and cannot guarantee someone will be available to watch your child on campus.**
7. The center will be closed on these days during the summer: Memorial Day Independence Day

ALL OTHER DAYS THE CHILDCARE WILL BE OPEN, EVEN IF THE KARATE SCHOOL IS CLOSED.

### Payment and fee Policies

1. The parent will pay in advance for care. Payments are made through auto drafting of checking or saving account, credit card, or payment in full.
2. Summer Camp is payment options are pay in full or auto draft only.
3. Communication of all financial matters is directly to the billing representative. It is the responsibility of the parent or guardian to make acceptable arrangements.
4. Returned check Policy: All checks returned are subject to a \$20.00 service charge.
5. If a client chooses to withdraw from the program, a two week advance notice is required during which payment is required even if the child is not receiving care.
6. Payments are due on the Friday before the upcoming week. A \$5 late payment fee per week is added to all payment received after 12 noon on Tuesday, A \$5 fee will be added to all declined payments after 12 noon on Tuesday.
7. **A morning snack and afternoon snack will be provided by the center. Breakfast is served from 6:15 to 6:45 am. Children must arrive by 6:40 to be served breakfast. Children cannot bring in outside breakfast food. They must finish eating before entering the center.** Sick Children Policies
8. If a child has a fever, he will not be admitted until free of fever for 24 hours WITHOUT fever medication. If a child is vomiting or has diarrhea, he may not return to the center until 24 hours after symptoms have passed
9. If a child becomes ill during the day, his parent will be called to come and take him home. Sick children cannot be properly cared for at the center.
10. If a child needs a prescribed medication during the day, it must be sent in a bottle containing only the prescribed dosage, labeled with the child's name. A form with specific instructions for administrating must be filled out and signed by the parent. Medicine should be given to the childcare teacher not left in a child's belongings.
11. In the event that the child has a contagious illness, the parent will notify the center; the child will not be allowed to return until all danger of contagion is past.

### Personal Items

- Children's personal items must be labeled with the child's name and placed in his or hers cubby or locker
- Electronics policy- No electronics .except on Friday only. **No cell phones, I-pods, I-pads or any other electronic device with internet capabilities enabled may be brought to the center by children.**

\_\_\_\_\_  
NAME OF CHILD IN CHILDCARE

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

\_\_\_\_\_  
DATE

STUDENT HEALTH HISTORY CHILDLCARE TERM \_\_\_\_\_

STUDENT'S NAME \_\_\_\_\_ DOB \_\_\_\_\_

SCHOOL \_\_\_\_\_ TEACHER \_\_\_\_\_ GRADE \_\_\_\_\_

GUARDIAN \_\_\_\_\_

HOME NUMBER \_\_\_\_\_ WORK \_\_\_\_\_ CELL \_\_\_\_\_

Emergency contacts 1. \_\_\_\_\_ PHONE \_\_\_\_\_

2. \_\_\_\_\_ PHONE \_\_\_\_\_

**HAS YOUR CHILD HAD THE FOLLOWING (PLEASE GIVE DATES IF KNOWN)**

	NO	YES	Date		NO	YES	Date
Heart disease	__	__	_____	Mumps	__	__	_____
Kidney disease	__	__	_____	Measles	__	__	_____
Rheumatic Fever	__	__	_____	Glasses	__	__	_____
Convulsions	__	__	_____	Hearing Aids	__	__	_____
Diabetes	__	__	_____	Major Illness Specify	_____		
Asthma	__	__	_____	Significant injury Specify	_____		
Pneumonia	__	__	_____	Other	_____		
Tuberculosis			_____				
Chicken Pox			_____				

Daily medication \_\_\_\_\_

**My Child is allergic to the following:**

Penicillin	Yes	No	Comments _____
Aspirin	Yes	No	Comments _____
Tylenol	Yes	No	Comments _____
Foods	Yes	No	Comments _____
Other	Yes	No	Comments _____

Under care of a physician? Yes No Physician's Name \_\_\_\_\_

Dentist \_\_\_\_\_ Hospital Preference \_\_\_\_\_

**Permission for Emergency Treatment**



**This certified that permission is given for John Wade Childcare to seek emergency medical treatment for the above named child in the event a parent or emergency friend cannot be contacted immediately.**

**Signature of parent/ guardian \_\_\_\_\_ Date \_\_\_\_\_**

John Wade Karate and Gymnastics Childcare  
Permission form for Swimming and Field Trips

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

I give permission for my child/children to go on all field trips this summer. I understand that this includes swimming and program related field trips and all regulations apply. Transportation will be by childcare bus or van. The chaperones will be camp teachers and staff and carry full responsibility as such. I understand that I will be informed of times and places for the field trips. Parents are welcome to help with field trips.

Guardian \_\_\_\_\_ Date \_\_\_\_\_

Phone number/ cell \_\_\_\_\_

Address \_\_\_\_\_

Emergency friend and number \_\_\_\_\_ Purposed  
field trips-but not limited to

- |                                       |                                  |
|---------------------------------------|----------------------------------|
| Olive Branch Park, Snowden Park       | Nesbit blueberry Farm            |
| Central Park, Conger Park             | Chick-fil-a                      |
| Tunica Aquatic Center                 | Pink Palace                      |
| Kidz Country Farm                     | AutoZone Redbird Park            |
| Cedar Hill Farm                       | Chuck E Cheese                   |
| Skate Odyssey                         | SFAX limousine service           |
| Strike Zone Bowling                   | Woodland Park                    |
| Shelby Farms                          | Domino's Pizza                   |
| Walk on Waterball/ Zorb               | Incredible Pizza Company         |
| Memphis Fire Museum                   | Malco Movie Theater              |
| Main Event                            | Desoto Family Theatre, Hernando  |
| Southaven, Hernando Library           | Performing arts center           |
| Southaven Parks and Recreation Center | Busy Bodies Childcare            |
| Mud Island                            | Broadway Baptist Church          |
| Conxion Gymnastics                    | The Children's Museum of Memphis |
| McAlister's Deli                      | Desoto Museum                    |
| Skyzone                               | Liberation Room                  |
| Memphis Zoo                           |                                  |

Any medication (prescription or otherwise) must be kept in the office with a completed medication form filled out by the guardian. List any special physical or medical needs (including allergies) and medications taken \_\_\_\_\_ May non-aspirin be dispensed to your child? \_\_\_\_\_ yes \_\_\_\_\_ no

Student Release from John Wade's Childcare.

My child may be released to these designated persons. (Photo ID must be presented)



PAYMENT RECORD Direct Payment Authorization –

CHILD'S NAME \_\_\_\_\_

SEMESTER \_\_\_\_\_ PAYMENT AMOUNT \_\_\_\_\_

PAYMENT FREQUENCY            WEEKLY        BIMONTHLY        MONTHLY

FIRST PAYMENT DATE \_\_\_\_\_ LAST PAYMENT DATE \_\_\_\_\_

\_\_\_\_\_ SAME ACCOUNT INFO

ACCOUNT HOLDER (PRINT PLEASE) \_\_\_\_\_

NAME AS IT APPEARS ON THE CARD \_\_\_\_\_

VISA/MASTERCARD \_\_\_\_\_ Code \_\_\_\_\_

EXP DATE \_\_\_\_\_ ZIP \_\_\_\_\_

I authorize John Wade's Karate and Gymnastics to initiate electronic entries to my credit/debit card account. This authority will remain in effect until the end of the contracted care unless the facility is notified in writing one week in advance of change. I understand that payment is required for the semester in its entirety even if my child is not in attendance. Payments are due the Friday before the upcoming care and post to your account in 1-3 business days. There is a \$20 return check fee and \$5 declined payment fee if funds are not available on the agreed payment date. Declined payments will be redrafted with the \$5 fee until payment is available. If your account is delinquent, care will be suspended until payment is received.  
SIGNATURE OF ACCOUNT HOLDER \_\_\_\_\_ PHONE \_\_\_\_\_

Recurring payments are accepted by credit/debit card only. All payments must be automatic, paid in full, or two payments.

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INITIAL PAYMENT AMOUNT \_\_\_\_\_ METHOD \_\_\_\_\_

This payment covers

\_\_\_ Registration \$35

\_\_\_ Activity fee 1 payment of \$ 110 each on \_\_\_\_\_ or 2 payments of \$55 each on \_\_\_\_\_ and \_\_\_\_\_ or 3 payments of \$36.67 each on \_\_\_\_\_, \_\_\_\_\_, and \_\_\_\_\_

\_\_\_ 1<sup>st</sup> week or payment for \_\_\_\_\_

\_\_\_ T-shirt \$10 each

\_\_\_ starter uniform \$33

\_\_\_ Other \_\_\_\_\_

\_\_\_\_PAY IN FULL            AMOUNT \_\_\_\_\_ METHOD \_\_\_\_\_

2 PAYMENTS HALF ON 1<sup>ST</sup> DAY AMOUNT \_\_\_\_\_ METHOD \_\_\_\_\_ 2<sup>nd</sup> HALF ON

June 30<sup>th</sup> AMOUNT \_\_\_\_\_ METHOD \_\_\_\_\_

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