



# MORGANTOWN LEARNING ACADEMY

LEARNING TO DISCOVER...DISCOVERING TO LEARN

123 Discovery Place  
Morgantown, WV 26508  
(304) 296-9554

## 2024 Summer Program Registration and Emergency Information

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

**Child's Name** \_\_\_\_\_ **Commonly called** \_\_\_\_\_

Home Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Date of Birth \_\_\_\_\_ Age as of 6/10/24: \_\_\_\_\_

Child lives with: both parents \_\_\_\_\_ mother only \_\_\_\_\_ father only \_\_\_\_\_ other, specify \_\_\_\_\_

If parents are divorced or separated, please specify custodial parent \_\_\_\_\_

Student's School \_\_\_\_\_

**Parent/Guardian** \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

**Parent/Guardian** \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

### **Special Needs:**

If your child has special/medical needs of any kind, list here and *be specific*. NOTE: all medication requires prior registration in the office.

\_\_\_\_\_ Special Needs \_\_\_\_\_

\_\_\_\_\_ Medical Needs or Concerns \_\_\_\_\_

\_\_\_\_\_ Food Allergies \_\_\_\_\_

Other Needs or Concerns \_\_\_\_\_

### **Emergency Contacts:**

List two people that you have notified and that agree to assume temporary care of your child if you cannot be reached:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Home Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Home Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

**Health Insurance Information:**

I request that the school contact me in case of an accident or serious illness. If the school is unable to reach me, I hereby authorize the school to call the physician indicated below and to follow his/her instructions. If the school is unable to contact this physician, the school is requested to make whatever arrangements are necessary, including referral to the hospital as listed below for treatment as the attending physician may direct:

Preferred Hospital \_\_\_\_\_ Child's Physician \_\_\_\_\_

Phone \_\_\_\_\_ Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Name of Health Insurance Provider \_\_\_\_\_ Policy Number \_\_\_\_\_

I agree to pay all medical and hospital costs. If I have school accident insurance, I agree to pay all medical and hospital costs in excess of insurance coverage.

**Authorized to Pickup:**

List below any additional persons that you authorize to pick up your child from camp:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Home Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Home Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

**Code Word:**

Select a code word that you will share with those persons authorized to pick up your child. The code word and proof of identification (photo ID) may be requested at pickup time: \_\_\_\_\_

(Code Word)

**Sunscreen / Insect Repellent Permissions:**

I give permission for my child to have sunscreen applied by faculty/staff of MLA (initial): \_\_\_\_\_

I give permission for my child to have insect repellent applied by faculty/staff of MLA (initial): \_\_\_\_\_

- I agree to pay for the weeks I have indicated on the attached form at the applicable rate. In order to have a place reserved, I have enclosed a non-refundable deposit of \$175 or \$160 which will be applied to our last week of camp. Workshops require a \$50 deposit with the balance due on the first day. I understand that payment for camp is due on the Monday of each week of service or may be paid in full at any point prior to attending. There will be a \$10.00 per business day late fee penalty for payments not received by 9:00 am Tuesday in the week in which service is provided.
- **After May 3, 2024, you are financially responsible for the weeks you have indicated on your registration.** After this date, you may ONLY add weeks or switch weeks (*if space is available*). **No refunds issued for canceled weeks.**
- Masks are optional. MLA reserves the right to change mask policies at any time.
- MLA may ask a camper to wear a mask if they are exhibiting symptoms of any kind.
- If MLA must close due to an order by the Governor/MCHD/DHHR, refunds will be prorated.
- I hereby grant permission for my child to be included in evaluation and photographic pictures, including video/audio recordings, connected with the day camp program.
- I hereby grant permission for my child to participate in all activities conducted throughout the MLA campus including on/in property operated by Mountain SOL.
- **A complete and updated emergency/registration form, immunization record and proof of a current physical must be on file with MLA prior to attendance.**
- I understand that I am responsible for providing lunch & snacks for my child (see lunch form for lunch purchase option).
- I understand that MLA is a **100% peanut-free school** and agree that I will diligently check all food items sent in lunches/snacks to ensure they are peanut free and also not "processed in a facility with peanuts".

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

(Parent / Guardian)



# MORGANTOWN LEARNING ACADEMY

LEARNING TO DISCOVER...DISCOVERING TO LEARN

123 Discovery Place  
Morgantown, WV 26508  
(304) 296-9554

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

Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

**Weekly rate: \$175 Weekly rate for MLA families enrolled for 2024-2025: \$160**  
**Required deposits: Day Camp = \$175/\$160; Workshops = \$50**

Week	Theme	Initial for attendance	Cost	For office use only
1: 6/10 - 6/14	Construction			
2: 6/17 - 6/21	Come On Down!			
3: 6/24 - 6/28	You Can Dance, If you Want To			
4: 7/1* - 7/5	Yankee Doodle			
5: 7/8 - 7/12	Marco? - Polo!			
6: 7/15 - 7/19	Hero Boot Camp			
7: 7/22 - 7/26	Science & Me			
8: 7/29 - 8/2	Medieval Madness			
9: 8/5- 8/9	Beach Party			
10: 8/12 - 8/16	Kids Choice			

\*closed 7/4

Total # of weeks:	
Deposit due at time of registration (applied to last week):	\$175                      or                      \$160 (circle one)

**Absolutely no cancellations or refunds allowed after May 3, 2024.**  
**Weeks may only be switched for other AVAILABLE weeks**

### **MLA Workshops**

These are completely separate from daycamp. If a child is enrolled in camp, they will be signed out for the workshop time period and then signed back in by the instructor.

6/17-6/21 AM	Getting Sticky with It (Ms Renee)		\$135.00	
6/24-6/27 AM	Friendship Bracelets (Ms Alexa)		\$135.00	
7/8-7/11 AM	Escape Room (Ms Alexa)		\$135.00	
7/8-7/11PM	Messy Art (Ms Seese)		\$135.00	
7/15-7/18 PM	Lego Workshop (Ms Seese)		\$135.00	
7/29-8/1 AM	Paper! Paper! Paper!! (Ms Renee)		\$135.00	
7/29-8/1 PM	Cooking (Ms Seese)		\$135.00	
8/5-8/8 PM	Cupcakes (Ms Seese)		\$135.00	

AM workshops begin at 9:30 and end at 11:30 AM, PM Workshops begin at 12:30pm and end at 2:30pm.