



MORGANTOWN LEARNING ACADEMY

LEARNING TO DISCOVER...DISCOVERING TO LEARN

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

2022 Summer Program Registration and Emergency Information

Date: _____

Child's Name _____ **Commonly called** _____

Home Address _____
(Street) (City) (State) (Zip)

Date of Birth _____ Age _____

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. I understand that payment 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 9:00am Tuesday in the week in which service is provided.
- **After May 6, 2022, 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.**
- **I understand that masks are required indoors at all times.** If my child does not adhere to this rule, they may be asked to leave immediately with no refund. MLA reserves the right to change mask policies at any time.
- If MLA must close due to an order by the Governor/MCHD/DHHR, refunds will be pro-rated.
- Any updated CDC guidelines, regarding return from travel requirements, will be followed.
- 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 and immunization record must be on file with MLA prior to attendance.
- I understand that I am responsible for providing lunch & snack 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)



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Child's Name: _____

Age: _____ Birthdate: _____

Weekly rate: \$175

Weekly rate for MLA families (enrolled for 2022-2023): \$160

Week	Theme	Initial for attendance	Cost	For office use only
1: 6/6 - 6/10	Camp Take Away			
2: 6/13 - 6/17	Buggin' Out			
3: 6/20 - 6/24	Ooey Goey Science			
4: 6/27 - 7/1	Camp Kindness			
5: 7/4* - 7/8	Celebration of Nations			
6: 7/11 - 7/15	DaVinci			
7: 7/18- 7/22	Birds of a Feather			
8: 7/25 - 7/29	Construction Zone			
9: 8/1 - 8/5	Ninja vs Pirates			
10: 8/8 - 8/12	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 6, 2022.
Weeks may only be switched for other AVAILABLE weeks