



Uwharrie Charter

207 Eagle Lane Asheboro, NC 27205 Phone: 336-610-0818

Requirements for Summer Camp:

1. Complete ALL enrollment sheets.
2. Custody agreements if applicable
3. Copy of parents/guardians Driver's License or Identification

Please provide ALL items listed above (as applicable) and send *one* of two ways:

*Scan and email to summercamp@uwharriecharter.org (preferred)

*Mail to:

Uwharrie Charter Academy
207 Eagle Lane
Asheboro, NC 27205
ATTN: Michael Holden

If you have any questions regarding the enrollment packet and required documentation, please contact Michael Holden at 336-610-0813 or summercamp@uwharriecharter.org (email is preferred while school is in session).

Weeks Attending Summer Camp **(Mark all that apply):**

June 12th - June 15th: Steam Week

June 20th – June 22nd: Storybook Week

June 26th – June 29th: NC Week

July 10th – July 13th: Animal Week

July 17th – July 20th: Green Week

July 24th – July 27th: Ocean/Water Week



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Camper Information

Camper's Last Name: _____ Camper's First Name: _____

Goes by: _____

Mailing Address: _____

Street/Apt#/P.O. Box City State Zip

Home Phone: _____ Camper Cell _____ DOB _____ (mm/dd/yy)

School District of Residence:

Asheboro City Randolph Davidson Moore Chatham Montgomery Guilford
Other _____

Gender: Male Female Ethnicity: Hispanic/Latino Non- Hispanic

Race (check all that apply):

American Indian/Alaskan Native Asian Native Hawaiian/Other Pacific Islander
Black or African American White

Parent/Guardian Information

Guardian 1

Guardian's Name					
Relationship					
Home Phone					
Cell Phone					
Work Phone					
Mailing address					
City		State		Zip	
Email					
Employer					

Guardian 2

Guardian's Name					
Relationship					
Home Phone					
Cell Phone					
Work Phone					
Mailing address					
City		State		Zip	
Email					
Employer					

Camper resides with: _____

Custody papers should be presented if the child resides with other than biological parents.

Current School: _____ Current grade level _____

NEXT YEARS (23-24) grade level _____



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Additional Camper Information

Please circle the appropriate answer for each question. If you answer YES to any question, please explain on the line provided. If more room is needed, feel free to attach an additional sheet.

Has the camper been promoted beyond his/her normal grade level? YES NO

Does the camper receive EC services of any kind during the School Year? YES NO

Is the camper in any special programs (AIG, EC, ESL etc.)? YES NO

Does the camper have any serious allergies?
(life threatening or requiring an epi-pen) YES NO

Does the camper require medications to be given at camp? YES NO

Are there any physical limitations that may interfere with the
campers' ability to participate in physical activities? YES NO

Printed name of Camper

Date

Printed name of Parent

Parent Signature



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UCA Camper Emergency Contact/Pick Up Information - Camp Year 2023-2024

Camper's Legal Name _____

Goes by: _____ DOB _____ Grade _____

*Camper's Cell Phone: (_____) _____ Gender: Male Female

*optional for ES & MS, but recommended for HS

Camper lives with, Dad Mom Both Guardian (Name): _____

Primary Contact - *other than parent* -
Name: _____

Phone _____

I authorize the following individual(s) to pick up my child in case of emergency and/or ride to and from camp:

Print Name (First and Last Name)	Contact Phone Number	Relationship to Camper

Camp email notifications: Guardian 1 Guardian 2 Both

Physical Address if different than Mailing Address:

New or Updated Legal Papers on file at Camp: Yes No Special attention:

Parent/Guardian Signature

Date



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UCA Health Form - 2023-24

Camper's Name: _____ DOB: _____ Grade _____

It is important that the camp be aware of any special health problems your child has. Please check and explain any conditions below. If the child needs any daily or emergency medicines to be given at camp, the parent must provide the medicine and a doctor's order on the "Authorization of Medication" form that can be obtained from the Camp Office or by the doctor's office each year.

Allergies

Meds: Yes No

List All:

Asthma

Inhaler at Camp: Yes No

Child self-cares: Yes No

Date of last attack: _____

Meds (other than inhaler)

Diabetes

Insulin: Pump or Injections

Meds (other than insulin): _____

Diabetes plan on file w/ camp: Yes No

Seizures

Type(s): _____

Date of last seizure: _____

Meds: _____

Seizure plan on file w/ camp: Yes No

Heart Problem: _____

Kidney Problem: _____

Migraine Headaches

Meds: _____

Hearing Problems: _____

Hearing Aid: Yes No

Bleeding Disorder(type):

Sickle Cell Disease: Yes No

Gastrointestinal: _____

Special Diet: _____

Vision Problem: _____

Glasses: Yes No

Contacts: Yes No

Head Injury (concussion) in the past year

When: _____

Details: _____

Orthopedic (bone) Problem: Yes No

Describe: _____



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UCA Health Form - 2023-24

Preferred Emergency Facility:

Doctor: _____ Phone: _____

Insurance Carrier: _____

Policy Number(s): _____

Dentist: _____ Phone: _____

My child has:

Health insurance

Accident insurance

Medicaid

Dental Insurance

Parent signature: _____ Date: _____

Emergency Authorization

I authorize all medical and surgical treatment, x-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. The waiver only applies if neither parent/guardian can be reached in case of emergency.

Parent signature: _____ Date: _____



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2023 Behavior Contract Form for _____
Print Camper's Name

OUR PROMISE

UCA Summer Camp has a responsibility to our campers to create an environment that is safe, supportive, and engaging. We recognize that all children are individuals and need to be treated with respect. Therefore, our promise to you is to treat children and parents as we expect to be treated in return.

PARENTS

As parents, we recognize the importance of our involvement in, and support of the Summer Camp Program. It is our responsibility to ensure that our child follows behavior guidelines established for the program.

Parent/Guardian Signature

CAMPERS

As campers at UCA Summer Camp, we have a responsibility to create an environment founded on respect and trust.

I promise to follow these behavior guidelines:

1. Show respect for fellow campers, staff members, and anyone at UCA School
2. Follow directions given by staff members and counselors.
3. Show respect to the campus by cleaning up, not damaging property, and pitching in to help when it is needed or requested.
4. Respect fellow campers and staff members by behaving in an appropriate manner, both physically and verbally, toward others.

The following consequences will result if the student does not follow guidelines:

1. Summer camp staff will remove the child from the group and speak to the child about the problem. When the child understands the consequences for the misbehavior, the child may be allowed to return to the group.
2. If there is another infraction of guidelines that day, parents will be contacted about the incident.
3. Further infraction of the guidelines will result in a meeting with the parents of the child and the Summer Camp admin team to discuss the child's continued participation in the program.

I understand that by abiding by these guidelines I will be able to participate in UCA Summer Camp in a safe, supportive, and positive environment.

Student's Signature



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2023 Camper Permission Form

Camper Name: _____

Social Media and Photography Permission

I give permission for my child's photograph/video to be taken and to be potentially used in promotional materials and social media posts for UCA Summer Camp

____ Yes, I give permission ____ No I do not give permission

Parent/Guardian E-Signature for Social Media and Photography permission

Transportation Participation Permission:

I understand that campers may have the opportunity to participate in field trips that will take him/her away from the campus. I understand that these field trips will be under the supervision of a School employee, and that students will be transported in private vehicles of a School employee, parent, or volunteer.

____ (Initial) I consent to allowing my child to be transported in a privately operated vehicle of a Camp/School employee, parent or volunteer to and from sanctioned camp activities.

____ (Initial) I hereby release, hold harmless, defend and indemnify Camp/School, its agents, employees, board members, volunteers, parents, and all persons acting on its behalf, from liability or damages of every nature, kind and description arising out of personal injuries, medical treatment and/or property damage resulting from or in any way connected to transport to and from said activities.

By signing below, I affirm that I have carefully read and understand the foregoing. I expressly agree to the foregoing and I request that my child be allowed to attend trips scheduled during the Summer Camp.

____ Yes, I give permission ____ No I do not give permission

Parent/Guardian E-Signature for transportation participation permission

Sunscreen Permission:

____ UCA Summer Camp has my permission to apply camp-provided sunscreen to my child as needed. Sunscreen will be in its original container, has a minimum SPF of 15 and that children over the age of 9 years-old may self-administer sunscreen while supervised.

____ I wish to provide my child with his/her own sunscreen and do not give permission to UCA Summer Camp to administer their own. These will be labeled with their first and last name and sent with them to camp.

Parent/Guardian E-Signature for sunscreen permission