

¡Ven y sé parte de la aventura!



Eagle Adventure

SUMMER CAMP

Por tan sólo
\$695.00*
*más IVU

Edades:
4 - 13 años

Horario: 8am-3pm
(Horario extendido hasta las 5pm con costo adicional).





EAGLE ADVENTURE SUMMER CAMP

P.O. BOX 1489 GUAYNABO , P.R.00970

Tel:(787)720-8959

summercamp@wesleyanacademy.org

Jahaira Cotto- Camp Director



FOTO 2X2

T-shirt size _____
Quantity _____
CAMP ONLY: \$695.00 _____

CAMPER'S FULL NAME _____

SEX: F ____ M ____ DATE OF BIRTH _____ AGE _____
 M D Y

ADDRESS _____

MOTHER'S NAME: _____
EMPLOYER _____
CELL PHONE _____

OCCUPATION _____
WORK TELEPHONE _____
EMAIL _____

FATHER'S NAME _____
EMPLOYER _____
CELL PHONE _____

OCCUPATION _____
WORK TELEPHONE _____
EMAIL _____

HOW DID YOU HEAR ABOUT US ?

IN SCHOOL
 BILLBOARD

SOCIAL MEDIA
THROUGH A FRIEND

SCHOOL WEBPAGE
OTHER _____

EMERGENCY CONTACTS

1. NAME _____
TELEPHONE _____

RELATIONSHIP _____
CELL PHONE _____

2. NAME _____
TELEPHONE _____

RELATIONSHIP _____
CELL PHONE _____

CAMP REQUIREMENTS

1. MEDICAL CERTIFICATE
2. UPDATED IMMUNIZATION RECORD (P- VAC)-NO EXCEPTIONS
3. ONE (1) PHOTO 2 X 2
4. ENROLLMENT APPLICATION
5. COPY OF HEALTH INSURANCE

NOTE: INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

IMPORTANT INFORMATION:

EAGLE CAMP AGES:

4 to 13 years old

Camp personnel is available to receive your child beginning at 7:00 AM. Child care is available from 3:00 PM to 5:00 PM.

BREAKFAST will be offered for sale from 7:00 AM to 8:00 AM, at the school's cafeteria.

***RESERVE YOUR SPACE NOW WITH A \$195.00 DEPOSIT STARTING ON March 24th (NON-REFUNDABLE), AND PAY THE REMAINING BALANCE IN TWO INSTALLMENTS:**

April 25, 2025

May 23, 2025

CHILD CARE FEE: \$150.00 (full summer camp)

EAGLE CAMP FEE INCLUDES:

1. ONE T-SHIRT*
2. LUNCH
3. INSURANCE
4. ALL MATERIALS USED DURING THE CAMP
5. CAMP ACTIVITIES UNTIL 3:00 PM
6. FIELD TRIPS

***ADDITIONAL T-SHIRTS ARE AVAILABLE FOR PURCHASE FOR \$10.00 EACH PLUS IVU / IVA.**

CAMPERS SHOULD BRING THEIR OWN SNACKS (2) FOR THE DAY. HOWEVER, FOR YOUR CONVENIENCE OUR SNACK STORE WILL BE OPEN.

EAGLE CAMP CHILD CARE (3:00 PM – 5:00 PM) – PLEASE MARK WITH AN “X”

My child will participate in the child care services for an additional fee of \$150.00.

My child will **NOT** use the child care services.

CAMP RULES:

ADVENTURE EAGLE CAMP IS SUPPORTED BY WESLEYAN ACADEMY. THEREFORE, CAMPERS WILL OBSERVE ALL SCHOOL POLICIES, INCLUDING, BUT NO LIMITED TO, THE FOLLOWING:

1. RESPECT TOWARDS ONE ANOTHER.
2. NO FIGHTING.
3. NO PROFANITY.
4. NO VANDALISM.
5. CAMPERS WILL REMAIN WITH DESIGNATED GROUP LEADER AT ALL TIMES.
6. CAMPERS WILL FOLLOW ALL RULES.
7. CAMPERS WILL HAVE PROPER CONDUCT AT ALL TIMES.
8. CAMP UNIFORM IS A DAILY REQUIREMENT.
9. CAMPERS THAT STAY AFTER 3:15 PM WILL BE PART OF THE CHILDCARE PROGRAM AND WILL BE CHARGED \$10.00 FOR THE DAY.

TOYS, JEWELRY, AND ELECTRONIC EQUIPMENT ARE NOT PERMITTED DURING CAMP HOURS. WE ARE NOT RESPONSIBLE FOR LOST ITEMS. CAMPERS WILL FOLLOW THE WESLEYAN ACADEMY DRESS CODE. GIRLS MUST WEAR APPROPRIATE-LENGTH SHORTS. ONE-PIECE BATHING SUITS ARE REQUIRED FOR GIRLS; NO BIKINIS ARE ALLOWED.

IMPORTANT NOTE: REPEATED MISCONDUCT MAY RESULT IN AUTOMATIC SUSPENSION FROM CAMP; PAYMENT WILL NOT BE REFUNDED.

I _____ HAVE READ, UNDERSTAND, AND AGREE WITH THE RULES TO BE FOLLOWED DURING CAMP, AND I COMMIT TO EXPLAIN THEM TO MY CHILD.

I _____ AGREE THAT EAGLE ADVENTURE CAMP MAY USE PICTURES OF MY CHILD FOR PROMOTIONAL PURPOSES.

SIGNATURE

DATE

Note: We reserve the right to admission.

THIS PAGE IS TO BE FULLY COMPLETED BY PARENT.



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1. FAMILY DOCTOR: _____

TELEPHONE: _____

2. DENTIST: _____

TELEPHONE: _____

3. HOSPITAL: _____

TELEPHONE: _____

MEDICAL INSURANCE: _____

(Copy of the medical insurance card is required.)

CONTRACT #: _____

I AUTHORIZE THE FOLLOWING PERSONS TO PICK UP MY CHILD:

NAME	NUMBER	RELATIONSHIP WITH PARTICIPANT
1		
2		
3		

MY CHILD IS AUTHORIZED TO WALK HOME: YES NO

THE CAMP'S NURSE AND/OR QUALIFIED STAFF MAY APPLY FIRST AID TO MY CHILD:

YES
 NO

WE GIVE PERMISSION TO THE CAMP NURSE OR DIRECTOR TO USE THEIR OWN JUDGMENT IN SECURING MEDICAL AID AND/OR AMBULANCE SERVICES IN CASE A PARENT CANNOT BE REACHED:

YES
 NO

PARENT'S SIGNATURE: _____

DATE: _____



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MEDICAL CERTIFICATE

(TO BE COMPLETED BY FAMILY DOCTOR)

NAME: _____

AGE: _____

SEX F: _____ M: _____ WEIGHT: _____

HEIGHT: _____

CHILD'S MEDICAL HISTORY:

ALLERGIES

ASTHMA

MIGRAINE

OTHER: _____

HYPOGLYCEMIA

DIABETES

DIZZINESS

PLEASE SPECIFY IF THE CHILD HAD ANY ILLNESS OR SURGERY DURING THIS PAST YEAR: _____

STATE CURRENT MEDICAL TREATMENT: _____

MEDICAL EXAM (STATE CONDITION)

EYES

EARS

NOSE

DENTURE

SKIN

OTHER: _____

I CERTIFY THAT I HAVE EXAMINED THE ABOVE PATIENT AND HE/SHE HAS MEDICAL CLEARANCE TO PARTICIPATE IN SUMMER CAMP ACTIVITIES.

COMMENTS: _____

PHYSICIAN'S SIGNATURE

PHYSICIAN'S NAME

DATE

LICENSE#

TELEPHONE