**The East Wake Leadership Academy**

948 Morphus Bridge Road

Wendell, NC 27591

[admin@eastwakeserve.com](mailto:admin@eastwakeserve.com)

919-365-0013

**Summer Camp 2024**

**June 24-August 2**

***ENROLLMENT Application***

**Student Information**

Name Birthdate

School Current Grade

T-shirt Size

(YL YXL, S, M, L, XL)

**PARENT INFORMATION**

Parent/Guardian Name

Address

Parent/Guardian Email Address

Emergency Contact Person

Home # Work # Cell #

**Complete both sides of the application and return right away!**

**Mail to:**

East Wake Leadership Academy

P.O. Box 1854

Wendell, NC 27591

**Drop off at:**

948 Morphus Bridge Road

Wendell, NC 27591

**Email to:**

[admin@eastwakeserve.com](mailto:admin@eastwakeserve.com)

**Call:**

(919) 365-0013 (Tuesday through Thursday, 11-2) If no answer, call 919-539-4664

**Parent/Guardian Consent Form**

**Our goal** at The East Wake Leadership Academy is to provide students with five weeks of guided cultural, academic and recreational activities in a safe and stimulating environment.

**Our intent** is to provide opportunity for parents to be involved in this rich experience. Parents are encouraged to volunteer at the camp as needed, based on availability.

**Our expectation** is that all students follow the Wake County Public Schools Code of Conduct as set out in the WCPS Parent and Student Manual.

**Our commitment** is to make this East Wake Leadership Academy camp experience available to any family who wishes to participate. **Our services are free**. (There is a small registration fee of $200 per family.

Students are picked up and dropped off at established bus stops in the Wendell, Zebulon, and Knightdale areas**. (Stops will be established at a later date).**

**\*\*\*Transportation Consent:** I give permission for my child to be transported by *The East Wake Leadership Academy* -arranged transportation to various sites during the summer camp.

**\*\*\*Photo/Video/Web Release:** I give permission for my student to be photographed,

interviewed, identified and/or videotaped for articles and the GPGDC/EWLA website recognizing student and school system achievement, participation, and accomplishments in print or broadcast media.

**\*\*\*Health/Medical:** If emergency medical treatment is needed, I authorize the East Wake Leadership Academy to take appropriate action, including 911. I understand I will assume financial responsibility for medical care and transportation fees which may be incurred.

**\*\*\***Any allergies and/or special health or behavior condition

**Signature below indicates agreement to all of the above.**

Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date