



Dear Parents,

We are so excited to inform you that we will be offering our annual summer program for your children this summer and we have so many fun things planned! Our program is offered to children ages 3 (must be completely potty-trained) to 12 years old. Our center opens at 7:00 a.m. and closes at 6:00 p.m. Monday through Friday. The summer program will begin on June 3, 2026 and will end on July 31, 2026. Attached you will find a copy of our tuition rates and a summer application. If you would like to enroll your child, please return the attached application by April 15th as spaces for our program are limited. So that we may adequately staff our program for the entire summer, we ask that you sign your child up for at least two days a week. We would also greatly appreciate it if you sign your child up only for the days you plan on sending him or her as you will be billed for the amount of days you requested. Tuition is due on the first day of each month. The supply and registration fee for the summer will be \$75.00. This will be used to provide your child with fun activities and crafts throughout the day.

In observation of the Fourth of July, our center will be closed July 3rd. Please make sure you have all necessary paperwork completed and turned in by April 15th. If you have a preplanned summer vacation, please let us know so we can staff accordingly. Please bring a lunch and a drink unless otherwise indicated on the calendar that is provided each month. We also ask that you send in a change of clothes in a zip lock bag with your child's name on it the first day of camp.

If you have any questions, please let us know.

Thank you,

Toni Whitley and Louise Brake-Baker

Preschool and Childcare Co-Directors

Isle of Wight Academy

Application for Summer Camp



Student Information

Student's Full Legal Name: _____	Student's Current School: _____
Sex: M F (Please Circle)	Primary Home Address: _____
Birthdate of Student: Allergies or Medication _____	_____
Grade Level Student Will Enter: _____	Student Resides With (Please Circle): Both Parents Mother Father Guardian
Days of the Week Attending (Circle all that apply) Monday Tuesday Wednesday Thursday Friday	Does student have any issues with the following: Eyes ____ Ear ____ Speech ____

Parent Information

Father/Guardian	Mother/Guardian
Full Legal Name: _____	Full Legal Name: _____
Primary Home Address: _____	Primary Home Address: _____
Street Address, City, State, Zip Code _____	Street Address, City, State, Zip Code _____
Primary Phone Number: _____	Primary Phone Number: _____
Primary E-mail Address _____	Primary E-mail Address _____
Occupation and Employer _____	Occupation and Employer _____
Work Phone Number: _____	Work Phone Number: _____
IWA Alumni? Yes No If yes, graduation year _____	IWA Alumni? Yes No If yes, graduation year _____

Family History

Do you currently have other children enrolled at IWA?

If yes, please list name and grade of the students:

Yes or No (Please Circle)

Transportation Plans

Parent Pick Up: I will drop my child off at _____ (time) and I will pick my child up at _____ (time).

Educational Background Questions

Please circle yes or no for each question. If the answer to any question below is yes, please attach an appropriate answer on a separate sheet of paper.

1. Is there anything in the student's academic or social history that requires explanation? Yes No
2. Has the applicant ever been suspended, expelled, or withdrawn from any school? Yes No
3. Has the applicant received or been referred for mental health counseling or treatment? Yes No
4. Does the applicant have physical or medical issues —i.e. special diets, prescriptions, allergies, or limitations of activity?
Yes No
5. Has the applicant been recommended for support programs to address specific learning needs? If yes, please list support services that were offered/provided. Yes No

Application Checklist

For Office Use Only

_____ Completed Application	_____ Parental Agreement	_____ \$75.00 Registration & Supply Fee
_____ Student Information Form	_____ Birth Certificate and SS Form	
_____ Emergency Medical Form	_____ Health Form	

Parent Signature

I affirm that the information contained in this application is accurate.

Parent/Guardian Signature

Date

_____ Child's Name _____

**Isle of Wight Academy does not discriminate
on the basis of race, color, ethnic, national or religious origin.**

For Office Use Only

Date Received: _____

Registration Paid _____

Isle of Wight Academy Preschool

Student Information Sheet



Child's Name: _____

Child's Nickname: _____

For Office Use Only

Date Student Entered:

For Office Use Only

Date Student Left:

Emergency Information

Allergies or Intolerance to Food, Medication, etc.		
Child's Physician:		Physician's Phone:
Two Emergency Contacts Persons-If Parent/Guardian Cannot Be Reached		
Name 1:	Relationship:	Phone Number:
Address:		
Name 1:	Relationship:	Phone Number:
Address:		

Isle of Wight Academy Preschool and Childcare Center agrees to notify the parent/guardian whenever the child becomes ill and the parent/guardian agrees to pick up the child thereafter as soon as possible. The parent/guardian authorizes the center to obtain immediate medical care if any emergency occurs when he cannot be located.

Signature of Parent or Guardian: _____ Date: _____

Signature of Director: _____ Date: _____

Persons Authorized To Pick Up Child:	Persons Not Authorized To Visit or Pick Up Child:
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____
5. _____	5. _____
6. _____	6. _____

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated on the sheet and follow his instructions. If it is impossible to contact this physician, the school may make whatever arrangements seem necessary.

Parent Signature: _____ Date: _____

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Isle of Wight Academy
Summer 2026 Tuition Rates

Registration and Supply Fee (non-refundable) \$75.00

Full Time - 7:00 a.m. – 6:00 p.m.

\$325.00/ month (2 days a week)

\$480.00/ month (3 days a week)

\$634.00/ month (4 days a week)

\$825.00/ month (5 days a week)

School Hours- 8:30 a.m. – 2:30 p.m.

\$300.00/ month (2 days a week)

\$440.00/ month (3 days a week)

\$584.00/ month (4 days a week)

\$725.00/ month (5 days a week)