

# WESTERN HILLS ACADEMY

June 3rd - 14th  
Monday - Friday  
8:30 am - 11:30 pm  
Offered at \$250 for 2 weeks

Camp will be lead by Mrs. Ortiz & Ms. Barnes

Once a spot is approved, parents will be required to attend a parent orientation on Tuesday, May 28th.

DISCLAIMER: ENROLLMENT FOR THE 2-WEEK SESSION IS SUBJECT TO MEETING SPECIFIC REQUIREMENTS AND CANNOT BE COMBINED WITH OTHER CAMPS. WHILE WE STRIVE TO ACCOMMODATE ALL APPLICANTS, PLEASE NOTE THAT PARTICIPATION IN THE PROGRAM IS NOT GUARANTEED.

# TOILET LEARNING





E-mail completed form to: [admissions@westernhillsacademy.org](mailto:admissions@westernhillsacademy.org)

**Western Hills Academy  
Toilet Learning (Potty Camp)  
2024 Summer Registration**

Today's Date

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Last Name

First Name

M.I.

Birth Date

E-mail Address

Your child's 2023-24 Teacher

Current age

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Summer Camp Session Information

June 3rd- June 14th

\$250 flat fee

Monday- Friday 8:30 am- 11:30 am

Parents MUST attend an orientation on May 28th

**\*\*Cannot be combined with any other camps\*\***

2 week Potty Camp

interested

not interested

**Toilet Learning Questionnaire for Parents**

My child can walk to and sit on a toilet.

My child can pull down his or her pants and pull them back up again..

My child can understand and follow basic directions..

My child is dry at least two hours at a time, or is dry after nap each day.

My child's bowel movements are regular and predictable.

My child becomes uncomfortable with soiled or wet diapers and asks for them to be changed.

My child asks to use the toilet or a potty chair.

My child asks to wear "grown-up" or "big kid" underwear.

My child appears to be aware when he or she needs to use the bathroom.

My child knows the vocabulary and can express when he or she needs to go.

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### **Current Residence Information**

Street Address

Street Address Line 2

City

State

Zip Code

Cell Phone Number

### **Parent/Guardian Residence Information**

(if different from above)

Street Address

Street Address Line 2

City

State

Zip Code

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## **Emergency Contact 1**

Last Name

First Name

Primary Phone Number

Secondary Phone Number

## **Emergency Contact 2**

Last Name

First Name

Primary Phone Number

Secondary Phone Number

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## **Physician and Medical Information**

Physician Name

Primary Phone Number

Preferred Hospital

Please list any of the following: Current medications, medication allergies, food allergies, or chronic health concerns.

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**Notes**

Please inform the office of any other vital information you think we may need to know in the event of an emergency. Thank you.

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Any notes or special requests (we will do our best to accommodate)

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Parent signature