

WFB Recreation Department: K-Camp Emergency Contact and Authorized Pick Up

Child's Name: _____ Age: _____ Date of Birth: _____

Address: _____ City/State/Zip: _____

Child Resides With: _____ School & Grade for 2017-2018: _____

Parent/Guardian: _____ Address: _____ _____ Email: _____ Cell: _____ Home Phone: _____	Employer: _____ Occupation: _____ Address: _____ Work Phone: _____
Parent/Guardian: _____ Address: _____ _____ Email: _____ Cell: _____ Home Phone: _____	Employer: _____ Occupation: _____ Address: _____ Work Phone: _____
Physician/Name of Practice: _____ Address: _____ _____ Phone: _____	Emergency Contact (Should be available during program hours): _____ Relationship to Child: _____ Address: _____ Cell: _____ Home/Work Phone: _____
Authorized To Pick Up: _____ Relationship to Child: _____ Address: _____ Cell: _____ Home/Work Phone: _____	Authorized To Pick Up: _____ Relationship to Child: _____ Address: _____ Cell: _____ Home/Work Phone: _____

I give permission for my child:

To be photographed for educational and marketing purposes:

YES
 NO

To have bug spray applied:

YES
 NO

To have sunscreen applied:

YES
 NO

* Parents are asked to supply sunscreen and bug spray. K-Camp will provide: *Banana Boat for Kids SPF 50 for children who forget to bring their own.*

WFB Recreation Department: K-Camp Health History Form

Child's Name: _____

Please check any special medical conditions your child may have including triggers, symptoms and/or signs to watch for and when to contact parents/emergency personnel:

NO MEDICAL CONDITIONS KNOWN

Asthma – Please explain:

_____ Current Medication: _____

Food Allergies – Please explain:

_____ Current Medication: _____

Medical/Seasonal Allergies – Please explain:

_____ Current Medication: _____

Cognitive Disorder - including LD, ADD, ADHD or Autism – Please explain:

_____ Current Medication: _____

Other Medical Condition(s) – Please explain:

** Will your child need medications administered while at camp? If so, please fill out the **Authorization to Administer Medication Form** attached.

X _____ Permission to seek medical treatment in case of an emergency.

WFB Recreation Department: K-Camp Weekly Registration Form

Child's Name: _____ Age: _____ Sex: _____ Date of Birth: _____

Address: _____ City/State/Zip: _____

Child Resides With: _____ School & Grade for 2017-2018: _____

**Please "X" Option 1 for the five days a week, or circle the days of the week needed for Option 2 or Option 3.
For Option 2, please choose two other days of the week in addition to the circled field trip day.**

WEEK	DATES	OPTION 1: 5 days/wk. \$180.00	OPTION 2: 3 Days/week including the Field Trip (already circled) \$125.00	OPTION 3: 3 Days/week NOT including the Field Trip (Day Removed) \$105.00
1	June 19 - 23		Mon Tue Wed Thurs Fri	Mon Tue Wed Fri
2	June 26 - 30		Mon Tue Wed Thurs Fri	Mon Tue Wed Fri
3	July 3 - 7 (No camp July 4th)		Mon Closed Wed Thurs Fri	Mon Closed Wed Fri
4	July 10 - 14		Mon Tue Wed Thurs Fri	Mon Tue Wed Fri
5	July 17 - 21		Mon Tue Wed Thurs Fri	Mon Tue Wed Fri
6	July 24 - 28		Mon Tue Wed Thurs Fri	Mon Tue Wed Fri
7	July 31 - Aug 4		Mon Tue Wed Thurs Fri	Mon Tue Wed Fri
8	August 7 - 11		Mon Tue Wed Thurs Fri	Mon Tue Wed Fri

- ✓ **Registration Deadline is Friday, May 19th, 2017. No credits or refunds will be given after this date.**
- ✓ **Additional camp weeks may be added after the deadline if space is available.**

WFB Recreation Department: K-Camp Weekly Registration Payment Agreement

Child's Name: _____

Email: _____

Total # of Option 1 Weeks:	_____ X \$180 # of weeks	= \$
Total # of Option 2 Weeks:	_____ X \$125 # of weeks	= \$
Total # of Option 3 Weeks:	_____ X \$105 # of weeks	= \$
TOTAL :		\$

Payment Options – Please choose ONE of the following methods

Pay By Credit Card

I hereby authorize the Whitefish Bay Recreation Department to charge my credit card for the camp weeks I have selected on the K-Camp Weekly Registration Form.

Card Number: _____ Expiration Date: _____

Cardholder Name: _____ Signature: _____ Date: _____

Check Is Included *(Please make checks payable to the Whitefish Bay Recreation Department)*

Signature of Parent/Guardian: _____ Date: _____

WFB Recreation Department: K-Camp Child Information Form

1. Family members:

_____ Age: _____

_____ Age: _____

_____ Age: _____

_____ Age: _____

_____ Age: _____

_____ Age: _____

2. Has your child been in daycare or summer camp before? _____

3. What are some of your child's favorite summer activities? _____

4. What do you hope your child will gain from K-Camp? _____

5. Do you have any concerns for your child's adjustment to camp? _____

6. Does your child know how to swim? Any fear of water or field trips? _____

7. Do you have anything else you would like us to know about your child? Any fears or concerns? _____

WFB Recreation Department: K-Camp Weekly Field Trip Permission Slip

Please complete if your child is signed up to attend camp on Tuesdays and/or Thursdays. (field trip days)

Nature and Community Walks

I give permission for _____ to go on nature/community walks with K-Camp staff and students throughout the summer 2017 program.

Parent Signature: _____

Bus Field Trips

I give permission for _____ to go on the following fields trips. Bus transportation is provided by Johnson School Bus.

Green Meadows – June 22, 2017	Parents Signature: _____
Milwaukee County Zoo – June 29, 2017	Parent Signature: _____
Fox Brook Park – July 6, 2017	Parent Signature: _____
Shalom Wildlife Zoo – July 13, 2017	Parents Signature: _____
Cedarburg Park & Pool – July 20, 2017	Parent Signature: _____
US Coast Guard – July 27, 2017	Parent Signature: _____
Ozaukee County Fair – August 3, 2017	Parent Signature: _____
Regner Park and Beach – August 10, 2017	Parent Signature: _____