

SUMMER CAMP



K-CAMP

Location: Richards Elementary School, Room 103 & Room 105
Grades: K4 and K5 as of 2025/2026 school year
Note: **Registration Deadline:** Friday, May 23, 2025
Days: Monday thru Friday **Time:** 7:30 am – 5:30 pm
Dates: June 23 – Aug 15 (skip July 4)
Course Code: 100001
Section Fee: res./non-res. \$300.00/\$310.00

K-Camp provides incoming K4 – K5’s with a full day of summer camp fun. They will have experiences that challenge their minds, spark lifelong friendships that take them outdoors in and around our community! Each week’s activities are based on a fun summer theme. K-Campers will visit local parks, businesses, attend off-site field trips to all kinds of fun places, from zoos to the pool! Sign up for one week or all 8!

K-CAMP REGISTRATION PROCESS

Weekly camp fees are not prorated based on attendance. Full camp activity calendars and the Parent Handbook can be found on our website at www.wfbschools.com. *This program typically fills during the resident lottery period and will go to the lottery. Residents are encouraged to register during resident lottery registration to be part of the process for the best chances to secure a spot. **The Registration and Cancellation Deadline for this program is May 23rd.** No withdrawals, schedule changes, request for credits, or refunds can take place after this deadline, unless there is a child on the waitlist that can fulfill your child’s spot. Please use the K-Camp registration form or register online.

K-CAMP WEEKLY THEMES

* Field trips and Community Days are subject to change. Field Trips and Community Days can be either on-site or walking distance from Richards Elementary School.

SECTION / DATES	THEME	TUESDAY COMMUNITY DAY (*FIELD TRIP)	THURSDAY FIELD TRIP	WEEK SELECTION/FEE
Section A1: June 23–27	Movin’ and Grovin’	Martial Arts Demo with Phil Sauer	First Stage Theater Workshop at Richards	<input type="checkbox"/> res. \$300.00 <input type="checkbox"/> non-res. \$310.00
Section A2: June 30 – July 3 (skip July 4)	Once Upon a Time	Storytime with WFB Librarian	BookWorm Gardens *Monday, June 30	<input type="checkbox"/> res. \$300.00 <input type="checkbox"/> non-res. \$310.00
Section A3: July 7–11	Treasure Island	Treasure Hunt at Klode Park	Brown Deer Pond	<input type="checkbox"/> res. \$300.00 <input type="checkbox"/> non-res. \$310.00
Section A4: July 14–18	Superheros in Training	Scavenger Hunt	Schlitz Audubon Nature Center	<input type="checkbox"/> res. \$300.00 <input type="checkbox"/> non-res. \$310.00
Section A5: July 21–25	Under the Sea	Water Day	Cedarburg Pool	<input type="checkbox"/> res. \$300.00 <input type="checkbox"/> non-res. \$310.00
Section A6: July 28–Aug. 1	Into the Wild	Yoga with Katie Reitman	Betty Brinn	<input type="checkbox"/> res. \$300.00 <input type="checkbox"/> non-res. \$310.00
Section A7: August 4–8	Discovering Our Senses	WFB Fire Department Visit	Kids Empire	<input type="checkbox"/> res. \$300.00 <input type="checkbox"/> non-res. \$310.00
Section A8: August 11–15	Animal Adventures	Tatiana’s Zoo Visit	Milwaukee Zoo	<input type="checkbox"/> res. \$300.00 <input type="checkbox"/> non-res. \$310.00

TOTAL



K-CAMP REGISTRATION FORM



CAMPER INFORMATION

Last Name _____ First Name _____

Grade as of 2025/2026 School Year _____ Birthdate _____

Address _____

City/State _____ Zip _____ Phone _____

Does your child have any health concerns, allergies or special needs? If so, please list:

Will your child have any medication to be administered? If so, please contact the office for a medical authorization to administer form.

PARENT/GUARDIAN INFORMATION

Primary Guardian's Name _____

Primary Guardian's Cell Phone _____ Email _____

Secondary Guardian's Name _____

Secondary Guardian's Cell Phone _____ Email _____

Address _____

City/State _____ Zip _____ Phone _____

ALTERNATIVE EMERGENCY CONTACT

In case of emergency, the primary guardian's cell phone number will be called first. Please list an alternative emergency contact.

Last Name _____ First Name _____

Cell Phone _____

PARENT/GUARDIAN SIGNATURE

I hereby understand that my child has registered to participate in a program sponsored by the School District of Whitefish Bay Recreation Department. I acknowledge and will adhere to department policies described in the Recreation Department seasonal brochure. I understand that participating in this activity, like all activities, has some inherent risk. Furthermore, I certify that my child is in good physical condition and assume full responsibility for any injuries incurred. If not, I have noted limitations. No accident insurance is provided. Participants must obtain insurance prior to and for the duration of the activity. My child has permission to seek medical treatment in case of an emergency.

CREDIT CARD INFORMATION

CREDIT CARD NUMBER:

□□□□-□□□□-□□□□-□□□□

EXP. DATE:

□ M □ M □ Y □ Y

CVV#:

□□□

Signature _____

Card Holder Name (Print) _____

REGISTRATION OPTIONS



DROP OFF / MAIL

5205 N. Lydell Avenue
Whitefish Bay, WI 53217



ONLINE

www.wfbschools.com

PARENT WAIVERS & PERMISSIONS

- My child has permission to go on walking trips.
- My child has permission to ride the school bus for the field trips.
- My child has permission to have sunscreen applied by staff.
- My child has permission to have bug spray applied by staff.
- My child has permission to be photographed for promotional or education purposes.

DATE

PAYMENT INFORMATION:

- CHECK** Checks payable to Whitefish Bay Recreation Dept.
- CHARGE** credit card (Visa, Mastercard AmEx and Discover). **Cash is NOT accepted.**

TOTAL

