

K-CAMP

Location: Richards Elementary School, Room 112 and 114 Ages: K4 and K5 in the 2024/2025 school year Note: Registration Deadline: Friday, May 24th Monday thru Friday **Time:** 7:30 am – 5:30 pm Days:

Dates: June 24th – Aug 16th (skip July 4)

Course Code: 100001

Section Fee: res./non-res. \$275.00/\$285.00

The program provides care to incoming K4-K5 children in the 2024/2025 school year. They will have experiences that challenge their minds, spark lifelong friendships and that take them outdoors in and around the community! Each week activities are based on a fun summer theme. K-Campers will visit local parks, businesses, attend an off-site field trip to all kinds of fun places, from farms to the pool! Please use the K-Camp registration form to register online.

K-CAMP REGISTRATION PROCESS

Weekly camp fees are not prorated based on attendance. Full camp activity calendars, Parent Handbook can be found on our website at www.wfbschools.com. *This program will typically overfill during resident priority registration and go to the lottery. Residents are encouraged to register during priority registration to be part of the lottery process for the best chances to secure a spot. After the lottery takes place all registrations received are processed on a first-come, first-serve basis. The Registration and Cancellation Deadline for this program is May 24th. 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.

K-CAMP WEEKLY THEMES

* Field trips and Community Days are subject to change. The Community Day activity is 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 24–28	Movin' and Grovin'	Martial Arts Demo	Rock 'n' Jump	☐ res. \$275.00 ☐ non-res. \$285.00
Section A2: July 1 – 5 *July 4 Closed Holiday Observance	Under the Sea	*Cedarburg Pool	Happy 4th of July! No Camp	☐ res. \$275.00 ☐ non-res. \$285.00
Section A3: July 8–12	Animal Adventure	Ms.Kim's Amazing Animals Visit	Green Meadows Farms	☐ res. \$275.00 ☐ non-res. \$285.00
Section A4: July 15–19	Five Senses	*Oak Ridge Farm	Pizza Making Demo	☐ res. \$275.00 ☐ non-res. \$285.00
Section A5: July 22–26	Around the World	K-Camp Olympics	Brown Deer Pond	☐ res. \$275.00 ☐ non-res. \$285.00
Section A6: July 29-Aug. 2	Into the Wild	Klode Park Scavenger Hunt	WEHR Nature Center	☐ res. \$275.00 ☐ non-res. \$285.00
Section A7: August 5–9	Once Upon a Time	Storytime with WFB Children's Librarian	Whitefish Bay Library	☐ res. \$275.00 ☐ non-res. \$285.00
Section A8: August 12–16	Superheros in Training	WFB Fire Dept. visit	Discovery World	☐ res. \$275.00 ☐ non-res. \$285.00



K-CAMP REGISTRATION FORM



CAMPER INFORMATION	
	REGISTRATION OPTIONS
Last NameFirst Name	DROP OFF / MAIL
Address	ONLINE
City/StateZipPhone	
Does your child have any health concerns, allergies or special needs? If so, please list:	PARENT WAIVERS & PERMISSIONS
Will your child have any medication to be administered? If so, please contact the office for a medi administer form.	
PARENT/GUARDIAN INFORMATION	☐ My child has permission to ride the school bus for the field trips.
Primary Guardian's Name	My child has permission to have sunscreen
Secondary Guardian's Name	☐ My child has permission to have bug spray applied by staff.
Secondary Guardian's Cell Phone Email Address	to be photographed for
City/StateZipPhone	• •
ALTERNATIVE EMERGENCY CONTACT In case of emergency, the primary guardian's cell phone number will be called first. Please emergency contact.	e list an alternative
Last NameFirst Name	
Cell Phone	
PARENT/GUARDIAN SIGNATURE	DATE
hereby understand that my child has registered to participate in a program sponsored by the School District of V Department. I acknowledge and will adhere to department policies described in the Recreation Department seas	Whitefish Bay Recreation onal brochure. I understand good physical condition and PAYMENT INFORMATION:
assume full responsibility for any injuries incurred. If not, I have noted limitations. No accident insurance is provide insurance prior to and for the duration of the activity. My child has permission to seek medical treatment in case of CREDIT CARD INFORMATION	CUECK Charakanakanakanakan
CREDIT CARD NUMBER: EXP. DATE:	CVV#: CHARGE credit card
MMY	(Visa, Mastercard AmEx and Discover). Cash is NOT accepted.
ignature	TOTAL
ard Holder Name (Print)	IOIAL