

___ New Camper
___ Returning Camper
___ 2018-2019 Grade

**Wee Care Child Care Center
Summer Camp 2019
Registration Form**

Registration Packet due May 24, 2019

Full Name: _____
(Last) (First) (Middle)

Child's DOB: ___/___/_____ Currently attending Wee Care Afterschool? YES / NO

Child lives with: _____

Mother: _____ Father: _____

Address: _____ Address: _____

Cell: _____ Cell: _____

Work #: _____ Work #: _____

Employer: _____ Employer: _____

Are there any legal documents prohibiting anyone from seeing or picking up this child? If so, explain.

In order to honor this, we must have a copy of the legal document on file at the center.

I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if needed. Every effort will be made to contact the parent and the medical persons below, but if we feel it is necessary, we will contact emergency services immediately.

Doctor: _____ Phone: _____

Doctor: _____ Phone: _____

Hospital Preference: _____

Please list any allergies, special medical or dietary needs or any other medical concern:

We must have at least two people, other than the parents who we can contact if this child is ill or involved in any kind of accident or injury. These should also be people who are authorized to pick up the child from the center.

(1) _____
Name Relationship Address

Cell Phone Work Number Home Number

(2) _____
Name Relationship Address

Cell Phone Work Number Home Number

Has this child had: (If so please explain and give details of any special care needed)

Surgery: _____

Serious illness: _____

Convulsions: _____

Accidents: _____

Does your child have any special needs?

*******THIS MUST BE NOTARIZED BEFORE RETURNING TO WEE CARE*******

I have read the camp information and discipline policy. I understand the information, policies and activities described in the information packet. I grant permission for my child to participate in and be transported to all activities and field trips as a part of Wee Care’s Summer Camp program.

I also understand that while safety measures and precautions will be taken, my child could incur minor, serious or fatal injuries while attending camp. Therefore, I give my permission for the employees of Wee Care Child Care Center to seek medical attention for my child.

Parent/Guardian’s Signature

Date

COUNTY OF LEON

STATE OF FLORIDA

Signed before me this ____ day of _____, 2018

____ Personally Known

____ Identification Produced

_____ Type of ID

Notary Public

Date

Summer Camp Fees and Registration

The fees for Summer Camp are \$150/week for all students. These fees include all activities, one lunch for that week and all field trips (except Wild Adventures which is \$45). Payment for Summer Camp is due the Monday of each week. If you would like to pay for the month all at once you may do so. We only have 25 spots for each group so please understand that you will be charged for each week you sign up for. **There is a \$50.00 registration fee for new Summer Camp students; this fee is not charged to any students currently enrolled in afterschool.**

Please initial to indicate the weeks your student will be attending:

_____ June 3rd – June 7th

_____ June 10th - June 14th

_____ June 17th - June 21st

_____ June 24th - June 28th

_____ July 1st – July 5th (**CLOSED THURSDAY, JULY 4th FOR INDEPENDENCE DAY**)

_____ July 8th - July 12th

_____ July 15th - July 19th

_____ July 22nd - July 26th

_____ July 29th- August 2nd

_____ August 5th- August 8th (**Closed Friday, August 9th for In-Service Training**)