

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 _____, 2021

____ 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, plus a \$50 registration fee. The first and last week of payment are due along with the registration fee when this packet is turned in. Payments for all other weeks are due the Monday of each week. Balances must be paid in full before registration will be accepted. If you would like to pay for the month all at once you may do so. We only have 15 spots in each group so please understand that you will be charged for each week you sign up for.

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

_____ June 14th - June 18th

_____ June 21st - June 25th

_____ June 28th - July 2nd

_____ July 12th - July 16th

_____ July 19th – July 23rd

_____ July 26th - July 30th

_____ Aug 2nd – Aug 6th