

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 _____, 2022

____ Personally Known

____ Identification Produced

____ Type of ID

Notary Public

Date

Summer Camp Fees and Registration

The fees for Summer Camp are \$175/week and \$140/week for the weeks we are closed on Monday. The first and last week of payment are due when this packet is turned in, this is what holds your spot. 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 24 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:

_____ May 31st – June 3rd (closed Monday)

_____ June 6th – June 10th

_____ June 13th – June 17th

_____ June 21st – June 24th (closed Monday)

_____ June 27th – July 1st

_____ July 5th – July 8th (closed Monday)

_____ July 11th – July 15th

_____ July 18th – July 22nd

_____ July 25th – July 29th

_____ August 1st – August 5th