

**Camp Fees - \$145 per week/per child or \$290 per session/per child**

**WCPSS Camp Registration Please check all that apply**

Session 1/Week 1 June 15th—June 19th _____	Session 3/Week 1 July 13 <sup>th</sup> – 17 <sup>th</sup> _____
Session 1/Week 2 June 22 <sup>th</sup> —June 26 <sup>th</sup> _____	Session 3/Week 2 July 20 <sup>th</sup> – 24 <sup>th</sup> _____
Session 2/Week 1 June 29 <sup>th</sup> —July 3 <sup>rd</sup> _____	Session 4/Week 1 July 27 <sup>th</sup> – 31 <sup>st</sup> _____
Session 2/Week 2 July 6 <sup>th</sup> —July 10 <sup>th</sup> _____	Session 4/Week 2 August 3 <sup>rd</sup> – 7 <sup>th</sup> _____

**There is a \$50.00 registration fee per applicant. Please make check payable to the school.**

School Name: **Weatherstone Elementary**

Student's Full Name: \_\_\_\_\_

Name the Child Is To Be Called: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Monthly Fee: \_\_\_\_\_

Grade: \_\_\_\_\_ Camp Director's Name: \_\_\_\_\_

Parents/Guardians: \_\_\_\_\_

Father's/Guardian's Place of Employment: \_\_\_\_\_

Phone: \_\_\_\_\_

Mother's/Guardian's Place of Employment: \_\_\_\_\_

Phone: \_\_\_\_\_

In case of emergency, notify the following person(s) if parents/guardians cannot be reached:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Names of Individuals to Whom the Program Staff May Release the Child as Authorized by the Person Who Signs the Application:

\_\_\_\_\_  
\_\_\_\_\_

Student's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Student's Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Hospital Preference: first choice \_\_\_\_\_ second choice \_\_\_\_\_

Does your student have allergies or chronic illnesses? If yes what are they?

\_\_\_\_\_

Does your student take medications and/or have a medical plan on file with the school? If yes, please explain.

\_\_\_\_\_

Please give any other information that you would like the Camp staff to know about your student (special interests, fears, behaviors, custody arrangements, etc.).

\_\_\_\_\_

\_\_\_\_\_

In case of emergency, I authorize the WCPSS Summer Camp staff to obtain medical attention for my student in the event that I cannot be contacted immediately.

My signature indicates that I have read and understand the procedures for the WCPSS Summer Camp Program.

\_\_\_\_\_  
Parent Signature

Date: \_\_\_\_\_