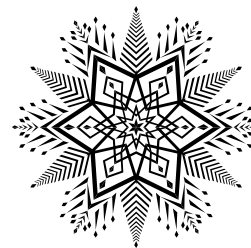


# SNOWFLAKE CAMP

NON-SCHOOL DAY CAMP



The WAWM RCS Department will be hosting a Snowflake Camp for students in K4 through 5<sup>th</sup> grade during the upcoming days off from school.

Snowflake Camp is designed to provide all students with age appropriate activities that are engaging, stimulating, creative and fun. Daily events may include but are not limited to: Special events or guest hosted at Camp, field trips, gym & outdoor games, arts & crafts, movies, contest and more.

**LOCATION:** Horace Mann Elementary School 6213 W Lapham St, West Allis, WI 53214  
Enter on 63<sup>rd</sup> Street Camp Phone: 414-651-7104

**DATE:** Monday, January 21, 2019 & Tuesday, January 22, 2019  
(Weather appropriate clothes are needed for any onsite outdoor activities.)

**CAMP HOURS:** 7:00 am to 5:30 pm (There is a \$10 fee for late pickups.)

**CAMP FEES:** \$29.00 Resident / \$58.00 Non-Resident per day Fees will include any fieldtrip admission, transportation, on site activities and a snack.  
**CAMP FEES MUST BE PAID AT REGISTRATION**  
Make check payable to: WA-WM Recreation Department

\*No refunds will be available, if absent due to illness please call ahead and partial credit may be offered\*

**REGISTRATION:** Registration is based on a first come, first served basis. Register in person at the Recreation Department located at 1205 S 70<sup>th</sup> St, 1<sup>ST</sup> floor, over the phone 604-4900, online at [www.wawmrec.com](http://www.wawmrec.com), or by using the drop box located on the south side of the building. Hours of in person and over the phone registration are 8:00 am–5:00 pm Monday through Friday.  
DO NOT TAKE MONEY TO SCHOOLS OR ACTION 330.

**Monday, 1/21/19- Game day featuring life size Candyland**

A variety of games will be offered to students including a life size version of Candyland that was created entirely by Staff!

**Notes:** Please bring a bag lunch with a drink. If weather is appropriate and your child would like to go outdoors, please send all weather appropriate clothing and boots.  
Reg. # 165229.01

**Tuesday, 1/22/19– Country Springs Waterpark in Pewaukee**

Please wear swimsuit under clothing. Bring undergarments, towel and a bag for wet items. Your child may bring money to purchase a snack at Country Springs but will need to be responsible for it. The bus will leave promptly at 10:15am and 3:45pm.

**Note:** Please bring a bag lunch with a drink. Also send a water bottle to bring on the field trip.  
Reg. # 165229.02



# SNOWFLAKE CAMP REGISTRATION 2019



Date of Birth: \_\_\_\_\_ ☐ Boy ☐ Girl

Grade: \_\_\_\_\_ School Attending: \_\_\_\_\_

Participants Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Person Paying: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Do you have any medical concerns for your child? No \_\_\_ Yes \_\_\_ Please Describe: \_\_\_\_\_

If yes, does your child have an Emergency or Asthma Care Plan on file at school? Yes \_\_\_ No \_\_\_

If student attends WAWM School District, checking "yes" will allow staff to access paperwork already on file at child's school

Does your child have any severe allergies? No \_\_\_ Yes \_\_\_ Please List: \_\_\_\_\_

If yes, has an Epi Pen been prescribed to your child? No \_\_\_ Yes \_\_\_

**Please note that an Epi Pen must be provided to staff while attending camp. Staff will not have access to emergency medications kept at child's school.**

Will your child need to take any medication while attending Camp? No \_\_\_ Yes \_\_\_

If yes, is this medication regularly taken at school? No \_\_\_ Yes \_\_\_

If student attends WAWM School District, checking "yes" will allow staff to access paperwork already on file at child's school.

If no, both a physician order form and parent consent form must be filled out in order for staff to administer medication.

All prescription medication must be provided in a pharmacy-labeled container with the student's name, medication name and dosage. Over-the-counter medication must be provided in the original packaging. Please contact the District Nursing Office at 604-4000 x 1107 with questions or if your student has medical needs and does not attend WAWM School District.

**EMERGENCY INFORMATION:** Person to notify in event of an emergency:

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

Child will be picked up by : \_\_\_\_\_

I give my permission for my child to participate in this program, including any fieldtrips offered. I understand that my child will take a school bus to all fieldtrips offered. If a medical emergency arises, the program staff will take all steps necessary. I give my consent for emergency medical care and treatment. I understand that 911 may be called for assistance and transportation of my child to an emergency facility. I have read and agree to the camp policies and procedures.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



**For Further information contact:  
Bobby Foreman 414-604-4968  
Trip Details on Reverse Side**

