

Fall Fun Camp REGISTRATION 2018



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 SAFE 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 field trips offered. I understand that my child will take a school bus to all field trips 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's Signature _____ Date _____



Fall Fun Camp

NON-SCHOOL DAY CAMP



The West Allis - West Milwaukee Recreation Department will be hosting a Fall Fun Camp for students in K4 through 5th grade during the upcoming day off from school.

Fall Fun 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 63rd Street Camp Phone: 414-651-7104

DATE: November 6, 2018
(Change of clothes may be needed dependent on weather.)

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 field trip 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

FIELDTRIP: Tuesday November 6th

Field Trip to Fun Timez – Please bring a bag lunch that includes a drink. This will be an indoor trip that has a lot of physical activity (jumping, running, playing). Fun Timez has added a lot of new attractions so that children of all ages can all have fun. Socks are required to go in bounce houses. Buses will be leaving promptly at 9:15 am and returning at 3:30 pm.

☐ Reg. # 365085.02

Total Amount: \$ _____

☐ ck

☐ h

Credit ☐ d

