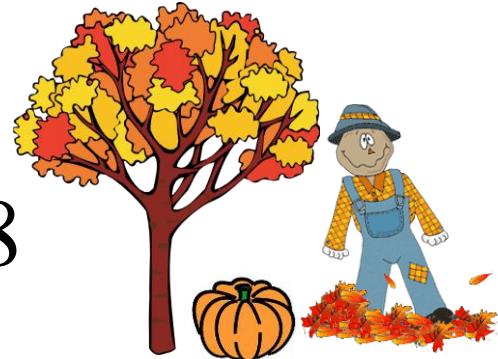


Fall Fun Camp REGISTRATION 2018



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: October 26th, 2018
(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 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: Friday, October 26, 2018

Field Trip to Apple Holler – Please bring a bag lunch that includes a drink, and a bag to carry a pumpkin. Busses will be leaving promptly at 9:30 am and will be returning around 4:00 pm. Weather appropriate clothing will be needed as children will be outside majority of trip.

Reg. # 365085.01



Total Amount: \$ _____

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