



WVC 2020 SUMMER CAMP INFORMATION SHEET

June 15 - August 7, 2020 / Kindergarten through 8th grade

To ensure our WVC Summer Camp has sufficient supervision for the number of campers we will be expecting, please complete the information below:

Child Name: _____ Circle one: M / F DOB: _____

Home Address: _____ Grade in Sept: _____

City: _____ Zip Code: _____ Home Phone #: _____

Parent/Legal Guardian Information

Mother/Legal Guardian Name: _____ Daytime Phone #: _____

Mother's email: _____

Father/Legal Guardian Name: _____ Daytime Phone #: _____

Father's email: _____

Please check which days of each week you would like to reserve. This is tentative for information purposes only.

	Week 1	Week 2	Week 3	Week 4
	M - 6/15	M - 6/22	M - 6/29	M - 7/6
	T - 6/16	T - 6/23	T - 6/30	T - 7/7
	W - 6/17	W - 6/24	W - 7/1	W - 7/8
	TH - 6/18	TH - 6/25	TH - 7/2	TH - 7/9
	F - 6/19	F - 6/26	F - 7/3	F - 7/10

	Week 5	Week 6	Week 7	Week 8
	M - 7/13	M - 7/20	M - 7/27	M - 8/3
	T - 7/14	T - 7/21	T - 7/28	T - 8/4
	W - 7/15	W - 7/22	W - 7/29	W - 8/5
	TH - 7/16	TH - 7/23	TH - 7/30	TH - 8/6
	F - 7/17	F - 7/24	F - 7/31	F - 8/7

IMPORTANT NOTICE:

THIS FORM IS FOR INFORMATIONAL PURPOSES ONLY. Your camper register is complete when the online "Payment Form" is completed for each week(s)/days your camper will attend and the appropriate fees are paid. The online enrollment "Payment Form" will be available on June 8, 2020. Payments must be made by debit/credit card before coming to camp.

EMERGENCY AND MEDICAL INFORMATION

In case of an EMERGENCY, if parents are not available, please contact the following: (Name of person, relationship and phone #)

Dr. Name and phone #: _____

In case of an emergency, WVC camp has my permission to select a physician for my child if I cannot be reached.

1. Are there any physical activities in which your child should not participate?
Yes / No
2. Are there any allergies to food, animals, insects or environment we should be aware of?
Yes / No
3. Does your child have asthma or any other health condition which requires medication during camp hours?
Yes / No
4. Date of last tetanus shot: _____

If you answered YES to any of the questions above, please explain: _____

Print Parent Name

Parent Signature

Date

***Please download the Remind App for Summer Camp updates. Please text:
@dwayb to 81010**

***No cash payments will be accepted. All payments will be made through “Payment Forms”.**

***No lunch will be provided.**

PLEASE NOTE: NO EXCURSIONS ARE AVAILABLE AT THIS TIME - SUBJECT TO CHANGE.

WEDNESDAY EXCURSIONS: K – 8TH GRADE
W1 – Los Angeles Zoo, Los Angeles
W2 – Mountasia, Valencia
W3 – Magic Mountain, Valencia
W4 – Calif. Science Center & IMAX, LA
W5 – Pacific Park, Santa Monica
W6 – Seaside Lagoon, Redondo Beach
W7 – Hurricane Harbor, Valencia
W8 – Golf N Stuff, Ventura

TUESDAY TRIPS: 5TH – 8TH GRADE
W1 – AMC Fallbrook Movie Theater, West Hills
W2 – Winnetka Bowl, Winnetka
W3 – West Hills Pizza Co., West Hills
W4 – Dave & Busters, Northridge
W5 – Sky High Sports, Woodland Hills
W6 – Neon Retro Arcade, Northridge
W7 – Ultra Zone Laser Tag, Sherman Oaks
W8 – Universal City Walk – Universal City

Please complete the permission slip section below for our records in the event an excursion become available.

OFF CAMPUS PERMISSION SLIP

My child has permission to attend off campus excursions/trips sponsored by WVC Summer Camp. I understand that transportation will be provided by licensed drivers or private charter.

Parent/Legal Guardian Name

Parent/Legal Guardian Signature

Date