

# WBPP SUMMER CAMP 2017

Hours 9:00 – 12:30 (bring a snack and lunch)

Ages 2 years – 8 years

Summer Camp activities include: summer time themes, games, music, cooking projects, art, crafts, messy art projects, water days, playground time, centers and stories. This is also the perfect time for new students to get used to teachers, classes and friends before the school year starts!

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Parent Name \_\_\_\_\_ Phone # \_\_\_\_\_

Email address \_\_\_\_\_

Parent Name \_\_\_\_\_ Phone # \_\_\_\_\_

Email address \_\_\_\_\_

Cost is \$17 per day per child. Registration fee is \$35 per child. \*\*\*\*All registration fees are due at the time forms are turned in and are non refundable.

PLEASE CIRCLE THE WEEKS/DAYS YOUR CHILD WILL BE ATTENDING:

June 19, 20, 21, 22, 23      June 26, 27, 28, 29, 30      July 17, 18, 19, 20, 21

July 24, 25, 26, 27, 28      July 31, Aug. 1, 2, 3, 4      Aug. 7, 8, 9, 10, 11

Tuition is due by the 5<sup>th</sup> of each month for days attending. You can add days if you need to, just add money to next check.

How did you find out about our camp? \_\_\_\_\_

**EMERGENCY INFORMATION:**

Emergency Contact: \_\_\_\_\_ Phone # \_\_\_\_\_

Doctor \_\_\_\_\_ Phone # \_\_\_\_\_

Any kind of allergies or food your child can not have \_\_\_\_\_

Any concerns (including behavior) \_\_\_\_\_

In the event of bad/heat related weather, we may choose to have a kid friendly/educational movie day for the older kids. We will also offer activities to those who choose not to watch. Is it ok for your child to watch a movie if we do? \_\_\_\_yes \_\_\_\_ no

Updated immunization records needs to be returned with this form if you are not currently registered at the preschool.

Questions? Bobbi Cross – Director [wbppdirector@gmail.com](mailto:wbppdirector@gmail.com) 919 233 9967

In case of a medical emergency, I give permission for my child(ren) \_\_\_\_\_ to be treated by WBPP staff or medical professionals if needed.

Name \_\_\_\_\_ Date \_\_\_\_\_

Hospital preference \_\_\_\_\_

To be filled out by WBPP only:

Reg. Payment \_\_\_\_\_ Tuition Payment \_\_\_\_\_

Tuition Payment \_\_\_\_\_ Tuition Payment \_\_\_\_\_

Tuition Payment \_\_\_\_\_ Tuition Payment \_\_\_\_\_