

Camp Champions (Virtual Learning Child Care) Registration Form



Participant's Name: _____

Date of Birth: _____ Grade: _____ School: _____

Parent/Guardian Name: _____ Email: _____

Address: _____ City: _____ Zip: _____

Primary Phone: _____ Secondary Phone: _____

***If participants receive funding the proper authorization documents for billing must be provided prior to registration!**

Name of Person/Organization Paying: _____

Does your Participant Qualify for (Circle One): Free Lunch Reduced Lunch N/A

Fees: \$100 (full price) / \$75 (Reduced Lunch Qualified) / \$50 (Free Lunch Qualified)

Caseworker (If applicable): _____

Phone: _____ Email: _____

You may make registration payments one week at a time or you may pay for multiple weeks. Payment is based on a per week basis and fees are not prorated for days not attended. You need only pay for the weeks you will be attending. Indicate which weeks you'll be attending by marking the corresponding box. All registration payments must be made by 5:00 pm Thursday prior to the week a child will attend. Your child cannot attend without making proper payment and payments will not be accepted at camp. Refunds will not be given for days not attended due to the fact that staffing is based upon registration.

Participants need to provide their own transportation.

I hereby agree to pay for the Phase 1 Camp Champions according to the payment procedures indicated above. I understand these fees are my obligation and must be paid. I understand refunds are not available. Registration for this camp should be completed at the Recreation Department, 2450 S. 68th St, West Allis, WI 53219, or by mail. **Payment will not be accepted at Camp.** Checks can be made out the WA-WM Recreation Dept. Any questions, please contact Dan Steenrod, Program Manager at steenrodd@wawmsd.org or (414) 604-4951.

Signature: _____ Date: _____