

KICK OFF CAMP REGISTRATION



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 _____

MEDICAL: Restrictions or concerns camp staff should be aware of: _____

EMERGENCY INFORMATION: Person to notify in event of an emergency:

Name _____ Relationship to Child _____

Address _____ Home Phone _____

Work Phone _____ Cell Phone _____

Child is to walk home with _____

Child will be picked up by _____

I give my permission for my child to participate in this program, including any fieldtrips offered. I understand that my child will take a school bus to all fieldtrips 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.

CAMP FEES MUST BE PAID AT REGISTRATION
Make check payable to: WA-WM Recreation Department

Monday, October 12th, 2009
Reg. # 9616.301

Apple Holler Field Trip – Lunch Provided
\$25.00 Resident / \$38.00 Non-Resident – Bus leaves @ 9:00 am

Total Amount: \$ _____ **Check** **Cash**

Parent's Signature _____ **Date** _____



“KICK OFF CAMP” NON-SCHOOL DAY CAMP



The West Allis - West Milwaukee Recreation Department will be holding a **Kick Off Camp** for boys and girls in **4K Kindergarten** through **Fifth grade**, during the upcoming day off from school.

Kick Off Camp is designed to provide boys and girls with age appropriate activities that are both challenging and creative. Activities can include sports, gym games, arts and crafts projects, table games, contests, movies, field trips, special events, and other activities in a friendly and safe atmosphere. **Lunch will be provided.** **Dress appropriately for the weather, some activities will be outside.**

Daily enrollment is limited to 50 participants on a first come, first served basis
Register Early

LOCATION: Gen. Mitchell Elementary School, 10125 W Montana Ave. Phone 414-604-4540
(Use the fieldhouse entrance on the playground off of 102nd St)

DATE: Monday, October 12th, 2009

CAMP HOURS: 7:30 am to 5:30 pm

CAMP FEES: \$25.00 Resident / \$38.00 Non-Resident per day – Fees will include camp fees, crafts & fieldtrip admission. Bus transportation will be provided for the fieldtrip.

REGISTRATION: Registration is based on a first come, first served and will take place at the Parkway Recreation Center, 2930 S Root River Parkway (1 block north of 114th and National Ave.) Hours of registration are 8:00 am–5:00 pm Monday through Friday. Register in person at the Parkway Center, by mail, by using the drop-box located at the Parkway Center Wollmer Rd. entrance, or by registering online at www.wawm.k12.wi.us/recreation

FIELDTRIP: Monday, October 12th, 2009 **\$25.00 Resident / \$38.00 Non-Resident**

“Apple Holler Fieldtrip” with lunch provided.

Bus leaves Mitchell @ 9:00 am

Dress for the weather, some activities are outside.

Don’t forget to bring a bag for your pumpkin and apple.

DO NOT TAKE MONEY TO THE SCHOOL OFFICE.

For Further information contact:

Mike Sperka 604-4938 or Cory Thompson 604-4900 vm 5903



Registration Form on Reverse Side →