WBCC Summer Camp Enrollment Registration for 2023 (5 to 8 years old)

T ! - 4 - 11 - 11	Child's Name							Age		
List all aller	gies vour d	hild h	as:					DD/YY		
Parents' Na					Have	e a Bank ID	 D? Yes No			
#2										
Dravida nartnar										
Provide partner's			-	_	-					_
Contact Info			Home Tel. # () E-Mail							
Contact Iniv			E-Mail							
Select the V				,			·			
Week 1 Jun 20-23	Week 2 Jun 26-30	W	eek 3	Week 4 Jul 10-14	Week5 Jul 17-21	Week 6 Jul 24-28	Week 7 Jul 31-Aug 4	Week 8 Aug 7-11	Week 9 Aug 14-18	Week 10 Aug 21-25
Weekly Fee	Chart									
		3 *	4*	5*	6*	7*	8*	9*	10	
		,470	\$1,92					\$4,050	\$4,500	
10% sibling dis Daily camp fee					are enrolled	on the same v	veeks, *Dedu	et \$90 from t	otal if week 1	or 3 is selected
an added con Refund & (camp week y made to you	venience fe Cancellation you want to remail to common Safety Property of the second se	on Pole of 2.5 on Pole of cancer gistra hildca otocol for the	icy: A relestrates tion. The work of the work of the children	e fee charge refund will s, less \$50 a his adminis rldbank.org Center foll ren. If your	d. be issued to administrate stration feet g. If cancel lows WBG rehild is contact to the contact of the contac	For written ion fee per will be de led past the testing rec	withdrawal child, for educted from edeadline, 5 quirements.	s if receive ach instan any total 50% of the A bi-week	ed at least 7 ce that a car fees already camp fee wally negative	paid. Send vill be charge COVID-19
COLUD 10		o stari		ng camp. A	Access to p	. /				-
COVID-19 to WBCC will given upon p		ven to	those v	vith World		ed IDs and	dian(s) drop have been i	ping off/pi	icking up ch	nild from the
WBCC will	Release: nospital, at ssary for the	ven to n of p autho my ex e well	those wroof of orize the apense, and being of	with World vaccination with WBCC, wand the hosoff my child	n to WBCC when I cann spital has n I. I give pe	ed IDs and management be reaching authorized mission for the control of the contr	dian(s) drop have been i tent. ned, to take tation to pro or my child to	ping off/pi ssued a W my child t vide treatr to be taken	icking up che BG Vax can o the emergenent which o on field tri	nild from the rd, which is gency room of a physician

Date

Parent's Signature