

## **Summer BASIC Camp 2023**

### **Summer Camp Dates:**

(May 30, 2023 Through August 4, 2023)

**Location:** Wolf Branch School Multipurpose room

**Enrollment forms must be completed, and BASIC fee balances accrued throughout the 22-23 school year must be paid in full prior to attending summer BASIC. Please return the completed packet to the school office.**

### **Registration Guidelines:**

1. **Students must be registered for a minimum of two days/week.** BASIC is not intended to be used as an occasional babysitting service. Fees will be collected for the agreed upon days regardless if students attend.
2. **All regular BASIC fees must be paid in full before summer BASIC registration can be accepted.**
3. Registration paperwork should be submitted to the office.
4. **Registration will be accepted for students enrolled in Kindergarten through 5th Grade for the 2023/2024 School Year at Wolf Branch.**
5. A pre-enrollment non-refundable fee of \$30.00 per child will be collected at the time of registration.
6. All fees must be paid in full on the starting day of the week they are attending. Payment of fees on a weekly basis is encouraged. Payment of daily fees will not be permitted.
7. Field trips, Kona Ice, and other activities cannot be paid with tuition.
8. **Students must bring a sack lunch with a drink each day.**
9. Snacks will be provided.
10. Campers will have a regular opportunity to attend field trips. Parents of students may be asked to chaperone trips on occasion. In order to attend field trips, chaperones must be pre-approved.
11. Summer BASIC is an extension of the school year. Therefore, school rules as noted in the Parent Student Handbook will be followed. Gross disobedience will not be tolerated and may result in removal from the program with loss of all paid fees. The decision rests solely with the school.

### **Hours of Service:**

1. **Summer Camp will begin May 30, 2023 and end August 4, 2023**
2. **Camp will not be in session on Monday, June 19th, Monday, July 3rd, and Tuesday, July 4th.**
3. Camp hours run 6:00 AM to 6:00 PM.
4. Parents arriving after 6:00 PM will be charged an additional fee of \$10.00 per student per quarter hour. **Parents must contact the BASIC staff to notify the staff of late pick-up whenever possible.** Late fees will be assessed to compensate staff for overtime.
5. Camp will be held in the multipurpose room (MPR) and outdoor facilities.

### **Personnel:**

1. The personnel responsible for Summer Camp are all employees of Wolf Branch School, and will serve under the supervision of district administration.

2. The Summer Camp must be self-sustaining. No other district funds will be utilized to maintain this program.
3. Ms. Carolyn Winder will be the director of Summer BASIC, and any questions should be directed her via email, [cwinder@wbsd113.org](mailto:cwinder@wbsd113.org).
- 4.

#### **WOLF BRANCH SUMMER BASIC FEES**

- All Fees will be processed on a weekly basis.

#### **2023 WOLF BRANCH Summer BASIC Fees (Per Week)**

<b>Number of Children</b>	<b>Full Time (4-5 Days/Week)</b>	<b>Part Time (2-3 Days/Week)</b>
<b>1</b>	<b>\$80</b>	<b>\$57</b>
<b>2</b>	<b>\$107</b>	<b>\$78</b>
<b>3</b>	<b>\$133</b>	<b>\$100</b>
<b>4</b>	<b>\$160</b>	<b>\$121</b>

***Please return the form to the school's office along  
with the \$30 registration fee per child.***

**Wolf Branch Summer B.A.S.I.C. Camp Information Form**

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Custodial Parent's or Guardian's Name (Example: John & Jane Doe)

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Street Address, City, State, Zip Code

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(Parent #1 work phone)

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(Cell phone)

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( E-mail)

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(Parent #2 work Phone)

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(Cell phone)

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( E-mail)

**Student's First and Last Name**

**Circle Full/Part Time**

**T-Shirt Size (Please Circle One)**

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FT or PT

ADULT **XL** **L** **M** **S**

YOUTH **L** **M** **S**

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FT or PT

ADULT **XL** **L** **M** **S**

YOUTH **L** **M** **S**

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FT or PT

ADULT **XL** **L** **M** **S**

YOUTH **L** **M** **S**

*All students enrolled in Summer BASIC before the last day of school will receive a t-shirt. Students that enroll at a later date may not receive a t-shirt due to limited quantities.*

**Registration Fee (\$30.00 per child)**

I authorize the following adult(s) **(18 years or older)** to pick up my child(ren) from BASIC services: **(Children will not be released to anyone not listed on this form.)** Teenage children may not pick up siblings. Written permission must be submitted for anyone not on this list to pick up your child.

Name: \_\_\_\_\_ Phone \_\_\_\_\_  
Address: \_\_\_\_\_ Relationship to child \_\_\_\_\_

Name: \_\_\_\_\_ Phone \_\_\_\_\_  
Address: \_\_\_\_\_ Relationship to child \_\_\_\_\_

Name: \_\_\_\_\_ Phone \_\_\_\_\_  
Address: \_\_\_\_\_ Relationship to child \_\_\_\_\_

Name: \_\_\_\_\_ Phone \_\_\_\_\_  
Address: \_\_\_\_\_ Relationship to child \_\_\_\_\_

**\*Please fill out both sides**

In order to prepare for activities based on anticipated group size, please complete the following section. These are not binding, but will help until a normal routine is established.

**I am expecting to use BASIC, I anticipate the following delivery/pick up times for my children: :** Please note pick up time should not exceed 6 pm.

Monday

Tuesday

Wednesday

Thursday

Friday

A.M. approx. drop off: \_\_\_\_\_

P.M. approx. pick up: \_\_\_\_\_

Special Instructions to Staff:

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## **Emergency Medical Information**

Student(s) Name: \_\_\_\_\_

Special health conditions of student (s): (seizures, disorders, diabetic, allergic to stings, asthmatic, etc.)

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Physician of Choice: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Hospital of Choice: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

If you and the physician of choice, as indicated above, cannot be reached in an emergency and if in the judgment of the program authorities, immediate medical and/or hospital attention is needed, including ambulance services, do you authorize responsible school authorities to send your child (properly accompanied) to an available hospital or physician and accept the fees involved? YES \_\_\_\_\_ NO \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date