2023 WB Board Game Extravaganza

Instructors: Jen Spargur - jspargur@wbsd113.org   (708) 275-0850
Sara Elfrink - selfrink@wbsd113.org   (618) 698-4018
(Easiest Way to Reach Instructors is by email)

Location: Middle School – Room 717
Grades: Incoming 5th - Outgoing 8th
Dates: June 12th – June 16th
Time: **2:00 p.m. – 3:00 p.m.**
Cost: $25

Make checks payable to: Sara Elfrink or Venmo @Sara-Elfrink-1
(If Venmo – please add child's name & camp name)

We will pick up students who are enrolled in BASIC; please mark this on your form if you need it.

Do you like playing games?! Want to compete against your friends in a tournament or enjoy a relaxing game!?! Come join Mrs. Spargur and Mrs. Effinger for a fun week of a variety of board games! Games will include, **but are not limited to** the following

Apples to Apples	Monopoly	Dominoes	Scrabble
Wheel of Fortune	Tenzi (and other dice games)	Uno (and other card games)	Triominos
Scene It	Trivial Pursuit	Outburst	Boggle

WB Board Game Extravaganza Registration Form

Please return **THIS FORM & MEDICAL FORM** by **Fri., May 26, 2023.**
Check made payable to Sara Elfrink or Venmo @Sara-Elfrink-1
(If Venmo – please add child's name & camp name)

Please Print

Child's Name _____ Current Grade _____

Activity _____   Summer BASIC pick up/drop off

_____ Check   _____ Medical Form   _____ Yes   _____ No

_____   _____
Parent Signature   Phone Number

* Please Note: A Medical Form NEEDS TO BE ATTACHED TO EACH CAMP FORM *

Memorandum

Date: May 2, 2023
To: Participants of 2023 Summer Camps
Re: Registration Information for Summer Camps

To minimize any confusion due to the large number of summer camps being offered this year, the following rules will be in effect:

1. While the District is the host site of the camps, the camps are operated by the individual camp sponsors.
   Therefore, any questions and concerns should **only** be directed to the camp sponsor.
   Each camp description contains the sponsor's contact information.

2. Following registration, should any changes to the camp description and/or schedule be necessary, they will be communicated to you by the camp sponsor.

3. **Please complete a registration and medical form for <u>each student for EACH CAMP.</u>**

4. If your child is participating in multiple camps, **A SEPARATE CHECK, REGISTRATION FORM & MEDICAL FORM NEEDS TO BE WRITTEN FOR EACH CAMP.**
   Please write the name of the camp on the check's memo line.
   All checks should be made out to the camp sponsor.
   Any checks made out to Wolf Branch will be returned to you by the camp sponsor.

5. <u>Each check, registration and medical form should be sealed in an envelope with the sponsor's name and the name of the camp printed plainly on the outside.</u>
Please do not place more than one check in an envelope.

6. The office staff will not open the envelopes, but rather just forward each envelope to the sponsor whose name appears on the envelope

7. Discipline problems will not be tolerated. Normal Wolf Branch dress code is in effect. Positive behavior and attitudes will be expected from all participants. Misconduct, disrespect, or lack of attendance will all result in dismissal and loss of tuition, at the discretion of the sponsor.

     Thank you for your cooperation.

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* Please Note: A Medical Form <u>NEEDS TO BE ATTACHED TO EACH CAMP FORM</u> *

MEDICAL AND CONTACT INFORMATION *(Summer 2023)*
THIS FORM MUST BE COMPLETED FOR ALL CAMPERS & EACH CAMP

Name: _____

Please check if NO known allergies: _____

<u>ALLERGIES:</u>

Food: _____

Medicine: _____

Seasonal: _____

Latex: _____

Other: _____

Type of reaction/treatment: _____

_____

Any other pertinent medical information that may impact the camper:_____

_____

<u>CONTACT INFORMATION (Parent/Guardian)</u>

Father:_____ Father's Day Phone:_____

Father's Home Phone: _____Father's Cell Phone: _____

May the camp sponsor send text messages to this cell phone number? _____ Yes _____No

Father's e-mail: _____

Mother:_____ Mother's Day Phone:_____

Mother's Home Phone: _____Mother's Cell Phone: _____

May the camp sponsor send text messages to this cell phone number? _____Yes _____No

Mother's e-mail: _____

Caregiver: _____ Caregiver's Day Phone: _____

Caregiver's Cell Phone: _____

Emergency Contact #1: _____

Day Phone: _____ Cell Phone: _____

Emergency Contact #2: _____

Day Phone: _____ Cell Phone:_____

Parent/Guardian Signature: _____ Date:_____

_____   _____

Parents/Guardians Name   Phone Number