



Out of School Day Camp Enrollment Form

Last Name First Name Age Gender DOB

Address

City State Zip code

Home Phone Cell Phone Work Phone

Parent Email Address Parent/Guardian Name(s)

School Your Child Attends

Emergency Contact Emergency Contact Phone Number

Date (s) of Camp Attendance: _____

Payment Type: _____ Check (payable to WISC) _____ Master Card or Visa

I authorize WISC to charge my credit card: Credit Card # _____

Expiration Date _____ CVN _____ Name on Card _____

Signature: _____

ALL CAMPERS MUST HAVE A WISC WAIVER SIGNED BY A PARENT/GUARDIAN.

Program Policy: All deposits, registration fees and program fees are non-refundable and non-transferable. No credits will be given unless there are unusual circumstances/emergencies. To be considered for a credit all requests must be made in writing with the required documentation attached. All requests will be handled on an individual basis and are subject to approval by WISC Management. If you or your child are removed from a WISC program/event due to safety/ disciplinary reasons there will be no credit or refund issued.