

WEEK IN THE WILD APPLICATION 2024

CHILDS NAME _____

PARENT(S) NAME _____

PHONE NUMBER _____

ADDRESS _____

EMAIL _____

EMERGENCY CONTACT & PHONE NUMBER _____

GUARDIAN IF NOT PARENT & PHONE NUMBER _____

ADDRESS _____

EMAIL _____

PHYSICAL LIMITATIONS? _____

ALLERGIES? _____

BIRTHDAY _____

GRADE (FALL '25) _____

ATTENDING SESSION

JULY 8-12 (1ST & 2ND) _____

JULY 15-19 (3RD & 4TH) _____

JULY 22-26 (5TH & 6TH) _____

COST \$125 PER WEEK

NON-REFUNDABLE

*YOU AGREE THAT THE CHILD'S PHOTO MAY BE TAKEN AND USED IN PROGRAMS OR
ADVERTISEMENTS.

CHILDREN ARE NOT CONSIDERED REGISTERED UNTIL PAYMENT IS RECEIVED.