wee-school summer camp program











Bugs & Butterelies

June 17-19



Art Explosion
June 10-12



Bugs & **Butter**elies June 17-19

and/or injury while he/she immediate emergency treatment, I authorize an attending physician at the nearest emergency room

emergency, please take my child too







Summer 2025 Sessions

June 3-5, June 10-12, June 17-19

**Birth Date** 

Sex: M F (circle one)

# Join Us

at Camp Wee-Shine for three weeks of exciting fun-filled activities!

#### **2025 Session Dates**

June 3-5, June 10-12, June 17-19

## **Camp Hours**

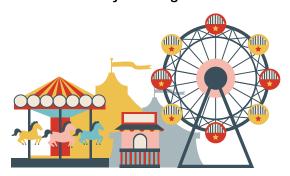
9:30am-1pm Tuesday-Thursday



#### Camp Guidelines

- Campers must have been 2 years of age on Aug 1, 2024.
- Campers must have not yet attended Kindergarten
- · Campers must be fully potty-trained
- Campers will be divided by age and will be directed by adult staff members.
- Campers should bring their lunch and water bottle.

Note: Camp Wee-Shine is not equipped to care for the special needs of physically and/or mentally challenged children.



## **Weekly Tuition:**

\$100 per child for first week.
Additional weeks \$85 per child.
Full amount is due at the time of registration to ensure your child's slot.

- Registration opens to the public beginning April 14, 2025.
- Camps are filled on a first-come, first-served basis.
- Families may register for more than one three-day session.
- You will be notified if Camp Wee-Shine is not available for the week(s) you have requested. We will automatically place your child's name on the appropriate wait list unless we are instructed otherwise. If you would like, call the school to verify that we have recieved this camp registration form at (770)794-2997.
- Mail Registration form with check payment made payable to Camp Wee-Shine:

Camp Wee-Shine Johnson Ferry Baptist Church 955 Johnson Ferry Road Marietta, GA 30068

# Cancellation Policy

Written requests for refunds or camp credits of weekly tuition must be recieved at least 14 days prior to the beginning of your selected camp week.

For more information call (770)794-2997

Address:		Z	Zip:
Home Phone:Cell:		Work:	
Parents Name:Email:	ail:		
Emergency Contact:	Phone:		
Child's Physician:	Phone:		
Allergies or Health Concerns:			
Camp sessions your child wants to attend (please circle):	): June 3-5	June 10-12	June 17-19
Please remember to complete the reverse side of this form. Detach this form along th	orm. Detach this	form along the	e dashed line.