



SUMMER CAMP REGISTRATION 2018

A) Child's Information

Full name	<input style="width: 90%;" type="text"/>	Date of Birth	<input style="width: 80%;" type="text"/>	Age of Child	<input style="width: 80%;" type="text"/>
Full Address	<input style="width: 90%;" type="text"/>	Phone	(H) <input style="width: 90%;" type="text"/> (C) <input style="width: 90%;" type="text"/> (W) <input style="width: 90%;" type="text"/>		
Parent/Guardian Full Name	<input style="width: 90%;" type="text"/>	Email	<input style="width: 90%;" type="text"/>		

B) Emergency Contact Information

1) Full Name	2) Full Name
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
Phone	Phone
(H) <input style="width: 90%;" type="text"/>	(H) <input style="width: 90%;" type="text"/>
(C) <input style="width: 90%;" type="text"/>	(C) <input style="width: 90%;" type="text"/>
(W) <input style="width: 90%;" type="text"/>	(W) <input style="width: 90%;" type="text"/>

C) Authorized Pick up

Names and Contact #

Secret Password

PLEASE CHECK OFF THE DAYS/WEEKS YOUR CHILD WILL BE ATTENDING CAMP

WK #	Theme	Dates	Cost	Single Day \$45					Half Day \$25					\$5.00 Pizza Y/N	Cost of the Week	Staff Initial	
				M	T	W	T	F	AM		PM						
									M	T	W	T	F				
1	Under The Sea (4 Day Week)	July 3 – 6	\$180														
2	Environment Explorers	July 9 – 13	\$190														
3	Adventures In Science	July 16 – 20	\$190														
4	Summer Safari	July 23 - 27	\$190														
NOTES:			BEFORE/AFTER CARE \$10 PER DAY														
			AM														
			PM														

Medical information

Allergies:

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Special Health Considerations:

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GENERAL WAIVERS AND PERMISSIONS

Please initial each item and sign below.

- I give permission for my child to participate in outdoor activities and games.
- I give permission for my child to walk with staff to off-site locations for outdoor activities.
- Field Trips: I give permission for my child to go on field trips via school bus. ** (Extra fee applicable)
- Photos: I give permission for my child's picture to be taken and used only for Kidtastic promotional purposes.
- Medical/First Aid Treatment: I give permission to Kidtastic staff to handle any medical or first-aid treatment if required. In the event of a medical emergency, I agree that I will be called after Emergency services have been notified.

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Parent Name (please print) _____

Parent Signature _____ Date _____

Any additional information:
