



SUMMER CAMP REGISTRATION FORM

Name of child:

Date of birth: _____

Parent's name:

Address:

Phone Numbers- Home: _____

Work: _____

Cell: _____

Email: _____

Please list any allergies _____

How did you hear about us? _____



Registration Fee (Non-Refundable) \$ _____

CAMP TUITION: \$ _____

DEPOSIT \$ _____

BALANCE DUE: _____

*IF BALANCE IS NOT PAID IN FULL ON DUE DATE, THERE
WILL BE A \$35 LATE FEE

I grant permission for photos/video to be taken

Signature _____



I, (please print) _____, have read and understand that all fees and tuition are non-refundable and non-transferrable. If I cannot be reached and my child needs emergency treatment, I authorize Kids Connect Today to contact emergency services.

EMERGENCY CONTACTS

1. NAME _____ (PLEASE PRINT)

CELL # _____

2. NAME _____

CELL # _____

3. NAME _____

CELL # _____

DATE _____

SIGNATURE _____

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*Kids Connect Today reserves the right to remove a student from the camp for reasons which counselors, in consultation with the Director, deem good and sufficient.