



Please print clearly:

Child's Name		Sex	Age	Date of Birth
Mother's Name	Home Address		Home Phone	
Social Security #				
Place of Employment/Occupation (if applicable)	Work Address	Work Phone		
		Beeper/cell phone		
Home email	Work email	Other phone (please specify)		
Father's Name	Home Address		Home Phone	
Social Security #				
Place of Employment/Occupation (if applicable)	Work Address	Work Phone		
		Beeper/cell phone		
Home email	Work email	Other phone (please specify)		
Marital Status (circle one) married separated divorced widowed single	Child lives with	Siblings (ages)		

Please check off the program(s) in which you would like to enroll your child:

<input type="checkbox"/>	Kids Kamp Threes	<input type="checkbox"/>	Kids Kamp Fours	<input type="checkbox"/>	Kids Kamp Kindergarten
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Besides parents, who is authorized to pick up your child from Kids Kamp? (Please note: These are not necessarily emergency contacts; persons authorized to pick up might include a neighbor, or parents of your child's friends. Emergency contacts should be listed on the back of this form and the yellow emergency information card.)

Name:	Relationship:	Phone:
Name:	Relationship:	Phone:
Name:	Relationship:	Phone:
Name:	Relationship:	Phone:
Name:	Relationship:	Phone:

PLEASE TURN OVER ⇨

HEALTH/DEVELOPMENTAL INFORMATION

Does your child have evidence of any of the following? If so, please explain in the space provided.			
<input type="checkbox"/>	Allergies	<input type="checkbox"/>	Hearing Difficulties
<input type="checkbox"/>	Convulsions	<input type="checkbox"/>	Frequent Ear Infections
<input type="checkbox"/>		<input type="checkbox"/>	Asthma
<input type="checkbox"/>		<input type="checkbox"/>	Other Medical Problems
Explanation/comments:			
Are there any issues with adjustment, either favorable or unfavorable, that the teachers should know about?			
Is there any additional information which might further contribute to a better understanding of your child and his/her needs? (e.g., previous experiences in other programs, specific expectations/fears, friends who are already enrolled at Kids Kamp or "My" Nursery School, a recent move, a new sibling, etc.) Attach additional pages if necessary.			

CURRENT MEDICAL INFORMATION

Child's Physician:		Phone:
Child's Dentist:		Phone:
Insurance Carrier:		Phone:
Policy/Group Number:		
If parents cannot be reached, who is authorized to transport your child(ren) in case of illness/emergency?		
Name:	Relationship:	Phone:
Name:	Relationship:	Phone:
I hereby give permission for the staff of Kids Kamp to administer first aid to my child.		
Date:	Name:	Signature:

Parent/Guardian Name (please print):	
Date:	Parent/Guardian Signature:

Office Use Only		Original Enrollment Date:
Enrollment Fee Paid: \$	Date Received:	Age group/classroom:
Tuition Paid: \$	Date Received:	School in Fall 2010:

Please **CIRCLE** the days and times you would like to have your child attend Kids Kamp for each week of the summer program. Important: **please use a separate form for each child!**

CHILD'S NAME _____ **AGE:** _____

	Monday	Tuesday	Wednesday	Thursday	Friday
June 21 – June 25 Little Scientists	9:00-11:30 or 9:00-1:00	9:00-11:30 or 9:00-1:00	9:00-11:30 or 9:00-1:00	9:00-11:30 or 9:00-1:00	9:00-11:30 or 9:00-1:00
June 28 - July 2 Stars and Stripes	9:00-11:30 or 9:00 – 1:00	9:00 – 11:30 or 9:00 – 1:00	9:00-11:30 or 9:00 -1:00	9:00-11:30 or 9:00-1:00	9:00-11:30 or 9:00- 1:00
July 6 - 9 Let's Go on a DIVE	CLOSED HAPPY 4 th of July!	9:00-11:30 or 9:00-1:00	9:00-11:30 or 9:00-1:00	9:00-11:30 or 9:00-1:00	9:00-11:30 or 9:00-1:00
July 12 - 16 Great Artists	9:00-11:30 or 9:00-1:00	9:00-11:30 or 9:00-1:00	9:00-11:30 or 9:00-1:00	9:00-11:30 or 9:00-1:00	9:00-11:30 or 9:00-1:00
July 19 - 23 Outer Space & Beyond	9:00-11:30 or 9:00-1:00	9:00-11:30 or 9:00-1:00	9:00-11:30 or 9:00-1:00	9:00-11:30 or 9:00-1:00	9:00-11:30 or 9:00-1:00
July 26 – July 30 Double Bubble Trouble	9:00-11:30 or 9:00-1:00	9:00-11:30 or 9:00-1:00	9:00-11:30 or 9:00-1:00	9:00-11:30 or 9:00-1:00	9:00-11:30 or 9:00-1:00
August 2 –August 6 Chef's Magic	9:00-11:30 or 9:00-1:00	9:00-11:30 or 9:00-1:00	9:00-11:30 or 9:00-1:00	9:00-11:30 or 9:00-1:00	9:00-11:30 or 9:00-1:00
August 9-August 13 Olympic Games	9:00-11:30 or 9:00-1:00	9:00-11:30 or 9:00-1:00	9:00-11:30 or 9:00-1:00	9:00-11:30 or 9:00-1:00	9:00-11:30 or 9:00-1:00

Office Use Only	Date received:	Date confirmation letter sent:
	Date \$25 enroll fee received:	Type of payment:
	Date full payment received:	Type of payment: