



King's Camp Registration Form (Ages 5 – 17)

Parent/Guardian Information

Name _____
 Address _____ City _____
 Postal code _____ E-mail _____
 Tel. (Home) _____ Tel. (Work) _____ Tel. (mobile) _____

Child Information

Name	Date of Birth (mm/dd/yyyy)	Grade Completed	Health Card Number

1. Does any child have a medical condition that must be addressed and/or require carrying medication for a medical condition? Yes or No
2. Does any child have a disability that requires special assistance? Yes or No

If yes to any of the questions, please specify:

Registration & Payment Information

Is after camp care needed? No Yes (4:30pm-6pm)

No. of children: _____ What sessions will you attend: Session 1 (June 8 -July 2) Session 2 (July 6-31)

Cost/Week:

One child: \$80/wk	Two Children: \$150/wk	Three Children: \$210/wk	Four Children: \$280/wk	Five Children: \$360/wk
\$240 per session	\$450 per session	\$630 per session	\$840 per session	\$1080 per session

- Field-trip costs are not included. Cost depends on the destination. Attendance is optional.
- Camp runs Mon-Thurs from 7am-4:30pm and Fri from 7am-4pm. \$15/mins every hour after until 6pm.
- No discounts for partial attendance
- **Lunch/Snacks will be provided unless communicated otherwise.**

Amount Paid: \$_____ Cash Card Check

Liability Waiver: I recognize that a risk of injury or potential health risks may exist in participation in the above-named program/activity. I hereby willingly assume such risks for the above-named person(s) for who I am by law responsible for and assume full responsibility before, during, and after their participation in the program. King's Kids cannot be responsible for risk willingly assumed and I hereby release and forever discharge King's Kids from all actions, damages, claims, and demands that arise from participation in the program or any associated activities or field trips. I have read, understood, and agree to the contents of this consent in its entirety.

Parent/Guardian Signature: _____ Date: _____