

CAMP KIMBERKIDS

Summer 2019 REGISTRATION FORM



Name of Child: _____

Birth Date: _____ Age: _____ Grade (Sept 2019): _____

Parent/Guardian Name: _____

Phone Number: _____
(cell) (work) (home)

Email: _____

Emergency Contact Name and Number: _____

Who else has your permission to pick-up your child (ID is required) : _____

Allergies/physical restrictions: _____

Please register my child for the following sessions: (Camp hours are 8:00-3:00. Before/After Care is available.)

- | | |
|---|--|
| <input type="checkbox"/> Color Me Crazy (6/10-14) | <input type="checkbox"/> Natural Wonders (7/15-19) |
| <input type="checkbox"/> Science Camp (6/17-21) | <input type="checkbox"/> On the Farm and At the Fair (7/22-26) |
| <input type="checkbox"/> Around the World (6/24-June 28) | <input type="checkbox"/> Campers vs Counselors (7/29-8/2) |
| <input type="checkbox"/> Born in the USA (7/1-7/5) No camp July 4 | <input type="checkbox"/> Upside Down, Inside Out, & Backwards (8/5-9) |
| <input type="checkbox"/> Classic Fun & Games (7/8-12) | <input type="checkbox"/> Community Helpers and Leaders (8/12-16) |
| | <input type="checkbox"/> Best of the Best (8/19-23) |

I have enclosed my \$180 non-refundable deposit (payable to ABC123) which will hold my spot and pay for my child's **last** week of camp. (\$175 per week per child if registering 2 or more children) **(Add \$25 per week for before/after care.)**

Summer payments will be made(please check one): weekly (each Monday) monthly (first week of month)

My signature below gives ABC123 Early Learning Center staff permission to administer minor first aid procedures and to obtain emergency medical care if needed in the case of an emergency.

Parent's Signature: _____ Date: _____

Contact Denise @ 610-935-1378 or kimbertonabc123@gmail.com with any questions or please send/mail Registration Form and non-refundable deposit (payable to ABC123) to the following address:

**ABC123 Early Learning Center
2280 Kimberton Rd.
Phoenixville, PA 19460**