



Camper

First _____ Last Name _____ Gender: Male Female

Grade (entering fall 2017) _____ Birth date ____/____/____ Age _____

Street Address _____ City _____ State ____ Zip code _____

Phone Number _____

Parent (s)/Guardian Information

Father/Guardian Name _____ Home Phone _____ Work Phone _____

Cell _____ Email _____

Mother/Guardian Name _____ Home Phone _____ Work _____

Cell _____ Email _____

Emergency Contact Information

Emergency Contact # 1

First Name _____ Last Name _____ Cell Phone _____

Email _____ Relationship to camper _____

Emergency Contact # 2

First Name _____ Last Name _____ Cell Phone _____

Email _____ Relationship to camper _____

Please list those people including parent(s)/guardian who are permitted to pick up your child:

1) _____ 2) _____ 3) _____

Camper T-shirt Size

Please circle one:

Youth XS S M L

Adult XS S M L XL

Medical Release Information/Insurance Information

Name of Health Insurance Provider _____ Family Physician _____ Address _____

Phone Number _____ Group # _____

In case of emergency contact: _____ Phone Number _____ Relationship _____

Please list any allergies/medical problems

Camp Hours: 9:00am-3:00pm

Extended Care: 8:00-9:00am, 3:00-5:30pm

Preferred Sessions: Please check which sessions your child will attend.

- ◇ Week One June 5-9
- ◇ Week Two June 12-16
- ◇ Week Three June 19-23

Rates/Discounts

- ***Please note : To secure your child's space, registration fees must be received along with the registration form. Spaces fill quickly and are on a first come, first serve basis. Registration fees are non-refundable.***
- ***Tuition: \$110.00 a week or \$30.00 a day for 4 days or less. 20% sibling discounts are available for more than one child per family.***
- ***Receive 10% off of your weekly tuition if you refer a friend. Your friend must be a new camper, and register in order for you to receive the 10 percent discount.***
- ***There is no fee for extended care. However fees for late pick up will apply if your child is not picked up at 5:45pm. (\$1.00 a minute late fee).***
- ***Each session must be paid on or prior to the session start date.***
- ***There is a \$35.00 dollar charge for returned checks.***

Payment Methods

- ◇ Check (payable to Kreative Learning Resource Center, Inc.)
- ◇ VISA
- ◇ MasterCard
- ◇ Discover
- ◇ American Express
- ◇ Cash

Kreative Learning Resource Center, Inc. is not responsible for lost or damaged personal property. I have enclosed the proper deposit and will complete all forms by the stated deadlines. All scheduled events are subject to change. I understand that no fees will be transferred unless a child is unable to participate due to an accident or illness per physicians orders. Camper's photos and quotes may be used for publicity/educational purposes. In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated or transported by certified emergency personnel (i.e. EMT, First Responder, and/or Physician) at my expense.

Parent(s)/Guardian Signature _____

Date _____

**Kreative Learning Resource Center, Inc.
Medication Authorization Form**

FILL OUT ONLY IF CHILD WILL NEED TO TAKE MEDICATION DURING CAMP

Child's name: _____ Parent/guardian's name: _____

Please list **ALL** medications (both prescription and over-the-counter drugs) your child will need to take during camp. Prescription medication must be in its original container with child's name, prescribing physician, name of medication, dosage and frequency of administration clearly visible on the packaging. Please ensure that medications have not expired. Medication that is not labeled, is out of date or not in its original container will NOT be administered.

Medicine # 1 _____ Dosage _____

Reason for taking _____ Time taken: _____

Medicine # 2 _____ Dosage _____

Reason for taking _____ Time taken: _____

Medicine # 3 _____ Dosage _____

Reason for taking _____ Time taken: _____

I, _____ the parent/guardian of the above child, give permission for Kreative Learning Resource Center staff to give the above listed medications to my child. I agree to drop off necessary medications with camp staff on the first day of the program. All medication must be turned in to staff the morning of the first day of the program. Campers are not allowed to carry any medication in their backpacks or on their person. Exceptions may be granted by the Kreative Learning Summer Camp coordinator for children with life-threatening conditions needing to self administer medications immediately.

Signature of parent/guardian: _____ **Date:** _____

IF A DOSAGE OF MEDICATION IS DIFFERENT THAN INDICATED ON THE PACKAGE, A PHYSICIAN'S SIGNATURE IS REQUIRED.

Signature of M.D.: _____ Date: _____

Kreative Kids Summer Camp 2017-Parental Consent Form

Parents must agree to all items and this signed form must be submitted to Kreative Kid's Summer Camp before children can attend camp. Please keep a copy of this page and read it carefully before signing.

I understand that accidents and injuries may occur during participation in such activities, and that every reasonable effort will be made to provide reasonable care by the camp staff.

I understand that my child may participate in field trips offered by Kreative Kid's Summer Camp with transportation provided by Kreative Learning Resource Center, Inc.

I give permission for my child to attend Kreative Kid's Summer Camp and to fully participate in all Kreative Kid's Summer programs and activities.

I hereby give permission for medical attention to be administered to my child by the camp staff in the event of medical emergency. When I cannot be contacted, I hereby give my consent to have my child transported to a hospital emergency room and the hospital and medical staff have my authorization to provide any treatment, at my expense, that a physician deems necessary for the well-being of my child.

I hereby waive and release Kreative Kid's Summer Camp and Kreative Learning Resource Center, Inc. and its trustees, officers, teachers, employees, counselors, volunteers, agents and assigns from and against any and all present future claims, costs, liabilities, expenses, or judgments, including attorney's fees and court costs, resulting from any damage, loss, personal injury or illness to my child and/or damage to my child's property arising from or out of my child's attendance or enrollment in or out of my child's participation in activities at or offered by, Kreative Kids' Summer Camp.

Photos: Kreative Kid's Summer Camp has permission to use photographs of children for promotional and educational purposes.

Dismissal of Camper: Kreative Kid's Summer Camp reserves the right to dismiss, in its sole discretion, any camper whose behavior is deemed unsatisfactory or detrimental to the best interests of Kreative Kid's Summer Camp, themselves, other campers, and/or staff, in which case no refunds will be made.

I understand that in order to secure my child's space, registration fees must be received along with the registration form. Registration fees are non-refundable.

I understand that tuition: is \$110.00 a week or \$30.00 a day for 4 days or less. 20% sibling discounts are available for more than one child per family.

I understand that I can receive 10 percent off of my weekly tuition if I refer a friend. I also understand that in order to receive the 10 percent discount, my friend must complete registration.

I understand that there is no fee for extended care. However fees for late pick up will apply if my child is not picked up at 5:45pm. (\$1.00 a minute late fee).

I understand that each session must be paid on or prior to the session start date.

I understand that there is a \$35.00 dollar charge for returned checks.

I HAVE READ AND FULLY UNDERSTAND ALL THE TERMS AND CONDITIONS AS EXPLAINED ON THIS PARENTAL CONSENT FORM AND GIVE PERMISSION AS OUTLINED ABOVE.

Parent's Name (printed): _____

Parent Signature: _____