



CAMP KINGDOM KIDS 2012 **PRE-K** ENROLLMENT FORM

Date Rec'd _____
 Amount _____
 Check No _____
 Initials _____
 T-shirt _____

Please return completed enrollment form to: Camp Kingdom Kids 4400 55 th Street NW Rochester, MN 55901 Tel: 507.282.4840 Fax: 507.286.1278	All registrations must be accompanied by the non-refundable fees: <ul style="list-style-type: none"> \$50 per family registration fee/ \$10 for each additional child One week's tuition
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CHILD'S NAME _____ Birthdate / / Gender: M / F

Student Lives With: Mother Father Both Other (circle one)

Mother's Name _____ Father's Name _____

Address _____ Address _____

Work # _____ Work # _____

Home _____ Cell _____ Home _____ Cell _____

Email _____ Email _____

Interested in bussing to camp? Y / N Home Church? _____

How did you hear about us? _____

Weeks Attending
 Please select the weeks your child will attend. Schedules can be changed up to 2 weeks prior.

Dates	Theme	Week	Mon	Tues	Wed	Thur	Fri
June 11-15	Out of this World						
June 18-22	Creepy Crawlies						
June 25-29	Drama-Rama						
July 2-6	Red, White, and Blue (closed Wed. July 4 th)				X		
July 9-13	The Human Body						
July 16-20	Around the World						
July 23-27	Safety Week						
July 30-August 3	Great Eats						
August 6-10	Olympic Dreams						
August 13-17	Ocean Adventures						
August 22-26	A Smooth Landing LIMITED AVAILABILITY						

Weekly Rate: \$150 Daily Rate: \$35

*Tuition includes field trip fees

Please initial all that apply.

- I give Kingdom Kids staff permission to apply sunscreen to my child.
- I give Kingdom Kids permission to transport my child on field trips.
- I give Kingdom Kids permission to photograph my child for purposes of scrapbooking, fliers, presentations or other classroom activities.



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AUTHORIZED TO PICK UP

- These individuals may pick up your child with your verbal permission.
- Written permission from the parent is required to release child to anyone not listed here.
- You **must** provide at least one contact.
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	Name	Address	Primary Tel*	Alternate Tel
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____

EMERGENCY CONTACTS (Other than Parents)

- These individuals will be called in the event that parents cannot be reached.
- These individuals must live locally.
- You **MUST** provide at least two contacts.

	Name	Address	Primary Tel*	Alternate Tel
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____

MEDICAL AUTHORIZATION

If I cannot be reached or am delayed in arriving, I authorize the nearest source of emergency medical care to treat my child.

Parent Signature: _____ Date: _____

MEDICAL INFORMATION NEEDED BY EMERGENCY PHYSICIAN:

Drug Allergies: _____

Food Allergies: _____

Special Medical Needs: _____

Other: _____

CHILD'S DOCTOR

CHILD'S DENTIST

Name	_____	Name	_____
Address	_____	Address	_____
Phone	_____	Phone	_____

HOSPITAL PREFERENCE: St. Mary's Hospital or Olmsted Medical Center

RESTRICTED PERSONS - These individuals MAY NOT pick my child up from preschool.

	Name	Information that Kingdom Kids should know
1	_____	_____
2	_____	_____
3	_____	_____

AGREEMENT

I understand that it is my responsibility to keep this information up to date. Kingdom Kids is not liable if this information is inaccurate or outdated. I understand the policies of Camp Kingdom Kids as outlined in the parent handbook. This includes payment schedule, refund policies and late fees.

Signature: _____ Date: _____