



CAMP KINGDOM KIDS

2018 FULL-TIME ENROLLMENT FORM

Date Rec'd _____
Amount _____
Check / CC / Cash / RCC / ACH
Initials _____

Please return completed enrollment form to:

Camp Kingdom Kids
4400 55th Street NW
Rochester, MN 55901
Tel: 507.282.4840
Fax: 507.286.1278

All registrations must be accompanied by the non-refundable fees:

- \$50 registration fee for first child
- \$10 for each additional child
- One week's tuition for each child

CHILD'S NAME _____ Birthdate ____ / ____ / ____ Gender: M / F

Nickname or name child goes by: _____ Current Grade & School: _____

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

Mother's Name _____ Father's Name _____

Address _____ Address _____

Home # _____ Home # _____

Mobile _____ Work _____ Mobile _____ Work _____

Email _____ Email _____

Do you have a church home? Y / N Where? _____

How did you hear about us? _____

Weeks Attending

Please mark the weeks your child will attend. You are allowed 1 week of vacation

Dates		Tuition Rates
June 11-15		Weekly Rate: \$175
June 18-22		2 nd child: \$160
June 25-29		3 rd child: \$145
July 2-6		
July 9-13		
July 16-20		(Camp will be closed Wednesday July 4 th)
July 23-27		Different rates will apply)
July 30-Aug 3		
August 6-10		Hours:
August 13-17		6:30am – 5:30pm

Approximately what time do you plan to drop off each morning?

T-shirt size _____

Total T-shirts _____
(1 free w/registration)

Please initial all that apply.

☐

My child is able to swim and can be allowed in a pool with a depth of 3ft and over.
(School Age only)

☐

I understand that by registering for full-time camp, I am obligated to pay for at least 9 weeks

☐

I give Kingdom Kids staff permission to apply sunscreen, bug spray and hand sanitizer 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, Facebook/Twitter and other classroom activities.



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EMERGENCY CONTACTS / AUTHORIZED PICK UP (other than parents)

- These individuals may pick up your child, with notice to the teacher.
- These individuals will be called in the event that parents cannot be reached, and must live in the Rochester area.
- You **MUST** provide at least **TWO** contacts.

1)	Name _____	Relationship _____
	Address _____	Home Phone _____
	Mobile Phone _____	Work Phone _____
2)	Name _____	Relationship _____
	Address _____	Home Phone _____
	Mobile Phone _____	Work Phone _____
3)	Name _____	Relationship _____
	Address _____	Home Phone _____
	Mobile Phone _____	Work Phone _____

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

	Name	Information that Kingdom Kids should know
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

Name	_____
Address	_____ _____
Phone	_____ _____

CHILD'S DENTIST

Name	_____
Address	_____ _____
Phone	_____ _____

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

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: _____