

Kings Kamp
Application for Registration Summer 2011

Child Information

Name: Last: _____ First: _____ Date of Birth _____ M/F: ____

Address: _____

(Street) (City) (State)
(Zip)

Home Phone Number _____

Parent Information

Father's Name _____ Mother's Name _____

Work Phone _____ Work Phone _____

Cell Phone _____ Cell Phone _____

Sessions Offered: Circle session(s) desired
Kamp times are 9AM-12 PM

Session #1 June 27th – July 1

Session #2 July 11th – July 15th

Session #3 July 25th – July 29th

Session #4 August 1st - August 5th

Session #5 August 8th, - August 12th

Session #6 August 15th – August 19th

Kamp tuition:

- \$150 1 session
- \$255 2 sessions
- \$360 3 sessions
- \$465 4 sessions
- \$570 5 Sessions
- \$675 6 sessions

All Applications must include a non-refundable or transferable registration fee of \$100.00, which will be deducted from your tuition balance. Please make checks payable to: King of Kings Lutheran Church. Space is limited and classes will be filled on a first come, first served basis. **The balance is payable by June 1st, 2011**

Parent Signature and Date _____

Emergency Contact Information*

Primary Contact _____ Phone _____ Cell _____

Secondary Contact _____ Phone _____ Cell _____

Allergies? _____ Reaction _____ Medical Response _____

Physicians Name/Phone _____

Medical Release: If my child should become ill or injured and needs immediate medical attention, and I am unable to be reached in a timely fashion, I hereby authorize medical personnel to administer emergency first aid and if it should be necessary in the opinion of the medical personnel to administer medication, blood and surgery to protect the life health or safety of my child. Parent Signature and Date _____

* Please add any additional instructions/care or transportation arrangements on the back of this form.