

**KINGS KAMP
SUMMER 2009
Application for Enrollment**

Child Information:

Current Teacher/Classroom (if applicable) _____

Name: _____

Last

First

Date of Birth: _____ M / F : _____

Address: _____

Street

Town

Zip

Home Phone: _____

Parent/Guardian Information:

Name: _____ Relationship to child: _____

Last

First

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Kamp Sessions for Summer 2009

9AM to 12PM Daily

Please check off sessions for which you are registering.

- _____ ▪ June 22 - June 26
- _____ ▪ June 29 - July 3
- _____ ▪ July 13 - July 17
- _____ ▪ July 27 - July 31
- _____ ▪ August 3 - August 7

Kamp Tuitions for Summer 2009

(one week minimum – no partial weeks offered)

\$10/hr. 1st week, \$7/hr. each additional week

Family Discount: \$10 per week per child

- _____ ▪ 1 week \$150
- _____ ▪ 2 weeks \$255
- _____ ▪ 3 weeks \$360
- _____ ▪ 4 weeks \$465
- _____ ▪ 5 weeks \$570

Each application for enrollment must include a NON-REFUNDABLE \$100 registration fee, which will be deducted from your tuition. Applications and registration fees must be submitted by May 1, 2009 to secure placement. Checks must be made payable to **KING OF KINGS LUTHERAN CHURCH**. All tuition balances must be received by June 22, 2009. Family discounts for multiple kampers will be deducted from your balance. Please see Mrs. Carroll in Room 10 if you have any questions or concerns.

Official Use: Please do not write below

Check # _____ Check Amount \$ _____ Family Discount \$ _____ Balance Due \$ _____

Emergency Contact Information

This information must be completed for your application to be accepted.

Child's Name: _____
Last First

Primary Contact: _____
Last Name First Name

Phone Number (during kamp hours) _____

Secondary Contact: _____
Last Name First Name

Phone Number (during kamp hours) _____

Physician's Name: _____ Phone Number _____

Allergy Information: Please list all.

Allergy	Reaction	Medical Response
_____	_____	_____
_____	_____	_____

Specific instructions for dealing with allergic reactions should be discussed directly with the camp instructors in your child's classroom. Any necessary medical supplies must be given to the instructors on or before the first day your child attends camp.

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 medical personnel, to administer medication, blood and/or surgery to protect the life, health or safety of my child.

Medical and Hospital coverage insurance, which includes coverage of the above named child, is in force and effect, being policy Name and Number(s) _____

NEW This Kamp Season:

Kings Kamp will be licensed to operate under DYFS regulations this summer. DYFS requires that all children attending the camp submit up-to-date immunization records. If your child currently attends King of Kings School, and the school office has your child's current immunization records on file, you **DO NOT** need to submit new records to attend the camp. If, however, your child does not attend King of Kings School, you must supply, with your application, up-to-date immunization records in addition to the signed emergency contact/medical release form in order for your child to attend camp. Please contact Mrs. Carroll in Room 10 or e-mail her at seashore21@verizon.net if you need a copy of the immunization form.

I have read and understand all of the above information regarding the camp. I accept the terms of enrollment, and I accept the terms of the medical release.

Parent/Guardian Signature Date