



KIDKAMP PREREGISTRATION

\$20 Registration Fee due with Preregistration Form

DAYS NEEDED (Check days needed.)

DATE OF PREREGISTRATION

Part Time

M T W TH F

Full Time

M T W TH F

/ /

Day Details :

(please provide approximate hours.
Example: 9am-5pm
or 12pm - 4pm)

PERSONAL INFORMATION

Child's Name :

School : Grade : Age :

Home Address :

Parent/Guardian Name : Cell Phone :

Parent/Guardian Name : Cell Phone :

ALLERGIES OR SPECIAL MEDICAL NEEDS

The ability to operate and offer KidKamp will be determined on license approval and enrollment. Lack of either will be communicated prior to full registration in KidKamp and registration fees will be refunded.

Confirmation of registration will be provided prior to the start of KidKamp. Child information forms will need to be completed before KidKamp can begin and will be provided upon confirmation of registration in KidKamp.

By signing below, I am confirming my child is in good health. I also acknowledge that it is my responsibility to notify KIDKAMP of any special medical needs my child might have. I authorize the staff at KIDKAMP to seek any emergency medical care if needed and waive, release absolve, indemnify and agree to hold harmless the Buchanan Community Schools and KIDKAMP staff from any claims arising from injury to my child.



Parent/Guardian Signature

THANK YOU FOR PREREGISTERING