

Kids of the King Summer Day Camp

Camper Registration & Enrollment

In order for us to plan our staff and activities schedule, please complete the following information and email it to kelly.marz@thanksgiving.church. If you have any questions, please feel free to contact Ryan Cinfel at rkcinfel@gmail.com or (402) 957-5497.

Camp Dates and Times: 7:00 AM to 6:00 PM, Monday through Friday
Dates: Tuesday, June 1 - Friday, July 30

Child's Name _____ Nickname _____

Typical drop-off time _____ Typical Pick-up time _____

Primary Parent/Guardian(s) _____

Home Address: _____

Email Address: _____

Child's Age and Grade (Grade completed) _____

The cost of a camp t-shirt is included with your registration fee. What is your child's t-shirt size? (Please circle one)

Child Sizes: XS S M L Adult Sizes: S M L

Anticipated attendance dates at camp (all summer, every other week, etc.)

Any anticipated dates that your child/children will not be at camp

Please confirm your work and/or cell phone numbers. **Please circle or note the number that will be the most convenient, should we need to contact someone during the day.**

Mom- work _____ ex _____ cell _____

Dad- work _____ ex _____ cell _____

Home # _____

Emergency/Alternate Contact

Name _____ relationship _____

Phone _____ other phone # _____

People authorized to pick-up my child:

Anyone other than recognized parents will be asked to show photo identification to pick-up a child. **Anyone not listed will need written permission from you to the staff in advance to be able to pick-up your child.**

Photo Release

I hereby give my consent for Kids of the King to use my child(ren)'s photograph and likeness to be used in its publications, including its website or flyers. I release them from any expectation of confidentiality for the undersigned minor children and myself and attest that I am the parent or legal guardian of the children listed below.

I Consent

I Do Not Consent

Parent Signature: _____ Date: _____

Health Information

Any health concerns or significant medical history

Food or environmental allergies

Drug allergies

Are your child's immunizations up-to-date? _____

Your child's physician _____ phone # _____

Activities Information

We will go swimming each week at Sun Valley Pool. Describe your child's swimming experience. Has your child taken any swimming lessons or gone off the diving board?

Please tell us about your child's likes, dislikes, interests, fears, etc., in relation to camp so that we may better plan our summer activities.

Other information that would be helpful for the staff to know about your child:

Consent for Medical Care

I understand that Kids of the King Staff will make every effort to contact parents, guardians, and/or emergency contact persons in the event of a medical emergency. I hereby give permission and authorize staff members, at any time they believe an emergency exists, to provide, facilitate, and consent to the provision of any first aide, or doctors care that my child may need because of illness, injury, or other health problems. I agree to be financially responsible for any medical bills resulting from this treatment.

Name of Parent/Guardian (please print) _____

Signature of Parent/Guardian _____

Field Trip Permission

I hereby give permission for my child, _____, to participate in the swimming trips and field trips scheduled as part of Kids of the King Day Camp - Summer 2021. I understand that all field trip destinations will be scheduled in advance and that I will be notified in advance of the date and time of those field trips. A licensed bus driver will provide the transportation for the campers and staff.

Name of the Parent/Guardian (please print) _____

Signature of Parent/Guardian _____

Fees: \$35 registration fee per family
\$40/day or \$175/week if they attend all 5 days.