**SUMMER ENRICHMENT CAMP REGISTRATION**

**June 17 – August 9, 2024**

**8:00am – 5:00pm**

**The Summer Enrichment Camp is for children that will be attending PreK 3 up to rising 6h graders for the 2024-2025 school year. Operational hours are 8am to 5pm. All students must be picked up by 5pm unless prior arrangements have been made. Every day, each child must bring a packed lunch and a morning snack, a thermos with water that can be refilled as needed. Payment for the Camp will be made monthly via check or cash on June 17 (for 2 weeks), July 1 (for 4 weeks) and July 29 (for 2 weeks).**

**If you do not qualify for the state subsidy, the Camp fee is $45 per week.**

**NOTE: All children MUST be potty trained to attend summer camp.**

**Otherwise, we might have room in our Day Care program.**

IMPORTANT! Please fill out **ALL** the blanks so that your registration can be processed, or it will be returned to you.

**Camper’s Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Male\_\_\_Female\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_

Grade Just Completed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth date \_\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_ Age \_\_\_\_\_\_

Father’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s email and Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s email and Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any food or drug allergies and any medical issues your camper has had in the last year:

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Doctor (Name & Telephone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We are ordering 3 T-Shirts printed with the camp’s name for each child. We’ll have the price of the shirts on or before May 1. **Payment will be due by June 3, 2024**

Size of T-Shirt for each child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any additional information regarding your camper that we should know before his/her arrival at the camp?

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| --- | --- | --- |
| **Name** | **Relationship** | **Cell Phone number** |
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**Who is permitted to pick up your child(ren)?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SUMMER EMRICHMENT CAMP DATES**  **PLEASE MARK WHICH WEEKS YOUR CHILD WILL BE ATTENDING** | | | | |
| **Week Number** | **Date** | **Yes** | **No** | **Suggested Weekly Emphasis Topics** |
| Week 1: | June 17-21 |  |  | Kick Off to Summer |
| Week 2: | June 24-28 |  |  | Pioneer Boys and Pioneer Girls |
| Week 3: | July 1-5 |  |  | Going on a Picnic |
| Week 4: | July 8-12 |  |  | Science Explosion |
| Week 5: | July 15-19 |  |  | Wild, Wild West |
| Week 6: | July 22-26 |  |  | Sports Mania |
| Week 7: | July 29-August 2 |  |  | Brave and True |
| Week 8: | August 5-9 |  |  | Sea Life |
| **NOTE: You are responsible for payment for all weeks for which you have registered your child regardless of whether your child attends.** | | | | |
| **I understand I am responsible for completing all NNKCS paperwork and that it must be returned to NNKCS before my child attends camp. I agree to pay for all weeks registered above regardless of whether my child attends.**  **Please include registration payment of $50 with this registration form.**  **­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **PARENT/GUARDIAN SIGNATURE DATE** | | | | |

**Parent Permission**

I give permission, as parent or guardian, for emergency medical treatment (if possible, parents will be contacted if there is a medical emergency). I recognize that certain hazards and dangers are inherent in camp events and programs. I understand, also, that although the camp has taken precautions to provide proper supervision, instruction, training and equipment for each activity, it is impossible for the camp to guarantee absolute safety. Further, I waive any claim that may arise against NNKCS Camp and/or employees because of participation in the program, except for those that are a direct result of gross negligence of the camp and its employees.

I also give permission as parent/guardian for my camper to be photographed or videotaped for promotional purposes of NNKCS Camp.

Parent or Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_