

Kamloops Kidz Early Learning Center Inc.
 "a lifetime of learning begins here"
 (250) 319-9044
 email: sandra@kamloopskidz.com
 www.kamloopskidz.com

Preschool Summer Camps Registration Form - 2019

Campus (circle one): Valleyview Pineview

Child's Name: _____ Nickname: _____
 Date of Birth: _____ Age as of July 1st 2019: _____ Sex: M _____ F _____

Program

Date	Program	Entire Week		Specific Days (specify)	
		AM 8:30-11:30	Full Day 8:30-3:30	AM 8:30-11:30	Full Day 8:30-3:30
		\$110*unless noted otherwise	\$205*unless noted otherwise	\$25	\$43
July 2-5	Wild Coyote Camp	(\$90)	(\$165)		
July 8-12	Pirates and Princesses				
July 15-19	Diggin'Dinos				
July 22-26	Kids' Café	(\$125)	(\$215)		
July 29-Aug 2	Planes, Trains and Automobiles				
Aug 5-9	Mad Science	(\$90)	(\$165)		
Aug 12-16	Wild Wild West				
Aug 19-23	Hometown Heroes				
Aug 26-30	Beach Fun				
Total Cost					

Family Information

Parent/Guardian 1: _____ Relationship: _____
 Address: _____
 Home Phone: _____ Work Phone: _____
 Cell Phone: _____ E-mail: _____

Parent/Guardian 2: _____ Relationship: _____
 Address: _____
 Home Phone: _____ Work Phone: _____
 Cell Phone: _____ E-mail: _____

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Payment Information

We accept cheques, cash or EMT's provided at time of submitting Registration Form. If paying by cheque, payment must be received at least 7 days prior to start of first camp child is attending. Please note that NSF cheques are levied a charge of \$20. All future payments would then be in cash. Cheques are to be made payable to "Kamloops Kidz Early Learning Center".

Your signature below signifies that you understand and agree to payment terms of the summer camps at Kamloops Kidz.

Date: _____ Signature: _____

Consents

Name of Child: _____

Emergency

Physician _____ Phone _____

Dentist _____ Phone _____

Allergies/Medications _____

Care Card Number _____

I hereby give consent for my child to be taken to the nearest emergency centre by the staff of Kamloops Kidz Early Learning Center when I cannot be contacted. I hereby give consent for my child to receive medical treatment in the event that I cannot be contacted.

Date: _____ Signature: _____

Field Trips

I give permission for my child to accompany the staff of Kamloops Kidz Early Learning Center on field trips. I understand that this includes excursions on foot, with Center buses, staff vehicles or on public transportation.

Date: _____ Signature: _____

Photos

I give permission for the staff of Kamloops Kidz Early Learning Center to take pictures/video of my child for facility use. I understand that these pictures/videos will be used in displays, scrapbooks, website or community displays.

Date: _____ Signature: _____

Media

I give permission for members of the media at the discretion of the Administrator of Kamloops Kidz Early Learning Center, to take pictures/video of my child.

Date: _____ Signature: _____