

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

School Age 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	Entire Summer
		\$190* unless noted otherwise	\$1500
July 2-5	To Infinity and Beyond	(\$155)	
July 8-12	Wet and Wild Water Week		
July 15-19	Survivor Week		
July 22-26	Topsy, Turvy Wizardry		
July 29-Aug 2	Messy Olympics		
Aug 5-9	Time Travel Week	(\$155)	
Aug 12-16	Around the World in 5 days	(\$200)	
Aug 19-23	Mission Impossible Week		
Aug 26-30	A Year in a Week		
Total Cost:			

****Daily rate is \$40 per day****

**** Please note:** School-Age camps are **FULL DAY** programs, and children must be dropped off **no later** than 10am, and picked-up **no earlier** than 2pm unless otherwise arranged.

*If not booked for entire summer, weekly rate will apply.

No refunds/credits will be given for missed days

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 and/or cash 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: _____