

Extended Day **MUST** be
Paid in full by **June 1, 2010**
No Refunds for days missed.

For Office Use Only:
Payment rec'd: _____
Check #: _____
Date: _____

CAMP KIWI
2010
EXTENDED DAY
ENROLLMENT APPLICATION

Camp Hours:
9:00AM-4:15PM

Extended Day Hours:
7:30AM-9:00AM
4:15PM-6:30PM

Child's Name(s): _____

Address: _____

Mother's Name: _____ Father's Name: _____
Mother's Work Phone: _____ Father's Work Phone: _____
Mother's Home Phone: _____ Father's Home Phone: _____
Mother's Cell Phone: _____ Father's Cell Phone: _____

Grade (entering in September, 2010): _____

Camp Group: _____

People other than yourself authorized to pick-up your child(ren):

Name: _____ Phone: _____
Name: _____ Phone: _____

In case of an emergency call:

Name: _____ Phone: _____
Name: _____ Phone: _____

In the event that I cannot be reached in case of emergency affecting my child(ren) at extended day, I hereby give permission to my physician as listed in the camp record, or if unavailable, the physician selected by the camp director to administer proper treatment to my child(ren) as named above.

Parent/Guardian Signature