



KING KIDS SUMMER CAMP 2018 REGISTRATION

Department of Human Services Program/Community Schools Division

Child's Name First: _____ Last: _____

Current School _____ Current Grade _____ Male _____ Female _____

Home Address _____ Zip Code _____ Date of Birth _____

Child's Ethnicity (Please Circle) Black White Latino/Hispanic Haitian Asian Other

Does child have any allergies or health concerns? _____

Does child have an IEP (Individual Education Plan) Yes _____ No _____

Youth T- Shirt Size: XS _____ SM _____ MED _____ LG _____ XLG _____

Parent / Guardian 1 Name _____ Email _____

Home Phone _____ Cell Phone _____

Address _____ City _____ Zip _____

Place of Employment _____ Work Phone _____

Parent / Guardian 2 Name _____ Email _____

Home Phone _____ Cell Phone _____

Address _____ City _____ Zip _____

Place of Employment _____ Work Phone _____

I would like to register for the following sessions:

Session 1: July 2 – July 13 8:00 – 3:30 (\$450) _____ 8:00 – 5:30 (\$530) _____

(No Camp July 4th)

Session 2: July 16 – July 27 8:00 – 3:30 (\$450) _____ 8:00 – 5:30 (\$530) _____

Session 3: July 30 – August 10 8:00 – 3:30 (\$450) _____ 8:00 – 5:30 (\$530) _____

Session 4: August 13 – August 17 8:00 – 3:30 (\$225) _____ 8:00 – 5:30 (\$265) _____

(One week session, no extended day on Aug. 17th)

OFFICE USE ONLY

Session 1 Amount Owed _____

Session 3 Amount Owed _____

Session 2 Amount Owed _____

Session 4 Amount Owed _____

Registration Fee: \$25

Total Tuition: _____ Deposit Paid: (\$100.00 per session) _____

Scholarship _____ CCCB Voucher _____

Balance Due: _____