



Killearn Kids Preschool Summer Camp 2010 Registration Form

Age by Sept. 1, 2010: _____ Birth date: ____/____/____ Sex (M)____ (F)_____

Name of Child: _____ To be called: _____

Home Address: _____ Zip Code: _____

Home Phone: _____ Dad's Cell: _____ Mom's Cell: _____

Email Address: _____

Father's Name: _____ Work Phone: _____

Mother's Name: _____ Work Phone: _____

Marital Status of Parents: _____ Legal Custody: _____

Church Affiliation: _____

I give permission for KKP to use my child's pictures for promotional purposes.

Emergency Contacts:

<u>Name</u>	<u>Phone #</u>	<u>Address</u>
_____	_____	_____
_____	_____	_____

Child's Physician: _____ Phone: _____

Any medical conditions/allergies/asthma, etc? _____

Please check the weeks you wish to reserve for your child

Week 1: June 14-18	_____	5 Days _____	3 Days _____	2 Days _____
Week 2: June 21-25	_____	5 Days _____	3 Days _____	2 Days _____
Week 3: June 28—2	_____	5 Days _____	3 Days _____	2 Days _____
July 5-9 Closed for July 4th holiday.				
Week 4: July 12-16	_____	5 Days _____	3 Days _____	2 Days _____
Week 5: July 19-23	_____	5 Days _____	3 Days _____	2 Days _____
Week 6: July 26-30	_____	5 Days _____	3 Days _____	2 Days _____
Week 7: August 2-6	_____	5 Days _____	3 Days _____	2 Days _____

Authorizing Signature _____

**10% discount given to preschool families with more than one child
in the Preschool Camp or Summer Day Camp programs.*