|  |
| --- |
| **KIS Summer Camp 2023**  **REGISTRATION FORM**  **FAMILY INFORMATION:**  **Father:**  Last Name: \_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Home Telephone : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile Telephone : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Mother:**  Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_  Home Telephone : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile Telephone : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Emergency Contact:** (if parents cannot be reached)

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CAMPER INFORMATION:**

Camper Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: \_\_\_\_\_\_\_\_\_\_\_ Full age \_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_ /\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_

Month Day Year

Last Grade Completed: \_\_\_\_\_\_\_\_\_\_\_

Dates of participation in Summer Camp Week # \_\_\_\_\_\_\_ \_\_\_ from \_\_\_\_\_week \_\_\_\_\_\_\_\_\_\_

Has your child ever attended KIS camp before? Yes \_\_\_\_\_ No \_\_\_\_\_\_\_

My child’s English level (Please tick):

**• Beginner**

**• Intermediate**

**• Fluent or native speaker**

I would like my child to be in: **• Pre-K Group (3 to 5 years old)**

**• Summer Camp (6 to 7 years old)**

**• Summer Camp (8 to 9 years old)**

**• Summer Camp ( 10 to 11 years old)**

**HEALTH HISTORY:**

A physician’s examination is not required. Please complete this information to the best of your knowledge. Please inform the camp office in writing of any changes to your child’s health prior to their arrival at camp.

* Does your camper have any allergies? Yes\_\_\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_\_\_\_\_
* If yes, what are they allergic to? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Does your camper take any medication? Yes\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_\_\_\_
* If yes, what medication? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Please list any medication and doses that your camper will be taking at camp

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Please note that all medication must be in its’ original container and all instructions attached.
* Are there any activity restrictions while at camp? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Are there any behavior/special considerations that the camp should know about in order to better facilitate their experience?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**WHAT TO BRING:**

* A BOTTLE FOR WATER
* A HAT
* INDOOR SHOES
* A PAIR OF SHORTS AND A T-SHIRT
* SUNSCREEN CREAM

**CHECKLIST:**

Please read the following carefully to ensure that your Registration is processed correctly.

* All sections of the Registration Form must be completed.
* The payment in full, non-refundable.
* The payment is non-transferrable to the other person
* Please ensure that you have signed where indicated in the Parent’s Authorization section.
* Please ensure that KIS has all appropriate information to help your camper have a successful camp stay.
* Any health information needs to be communicated to the camp **IN WRITING** before your child starts.

**PARENT’S AUTHORIZATION:**

I hereby give consent for my child to participate in the full KIS Summer Camp Program and all activities unless I advise you in writing. **I give permission for KIS to use photographs of my child for promotional material.** To the best of my knowledge, my child is in good health and I will notify the camp if he/she is exposed to any infectious diseases. Every effort will be made to contact a parent/guardian in the case of an emergency. I authorize the KIS nurse, teachers, and assistants to administer basic first aid for minor medical situations.

• Registrations must be accompanied by a **non-refundable payment for the full program or weeks enrolled.**

• I understand that the Camp Administration reserves the right to dismiss a camper who, in their opinion, is a hazard to the safety or rights of others, or who appears to have rejected the reasonable expectations of the Camp.

Students are required to have written permission to attend any field trips/events. We would like your permission to take your child on such field trips/events. In cases where there are special circumstances, we will ask for permission specific to that trip/event. Please complete the following steps if you wish to give permission for your child to participate in all field trips/events.

|  |  |
| --- | --- |
| **Participation Permissions** | **Parent’s Initials** |
| I give permission for my child to participate in all field trips/events.  As such, I acknowledge I am aware of:   * Risks including but not limited to slips, falls, pinches, scrapes, twists, jolts, scratches, bruises, sprains, lacerations, fractures, concussions, or even more severe injuries. * Potential hazards associated with travel to and from the field trip site. * Possible contact with plants, animals, or insects that could result in stings, allergic reactions, and associated illnesses.   Further, I confirm that I have provided:   * Appropriate and available emergency contact information for the duration of all field trip and travel hours. * All necessary medical information, including a list of allergies, instructions, and medications to the appropriate school staff to ensure adequate care is available while my child is under their supervision. |  |

Parent’s full name (in CAPITALS): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_