

After-School Care / Summer Kids' Kamp
Registration Form

Child's Full Name: _____ Name Preferred: _____
Home Address: _____ City: _____ Zip: _____
E-mail _____
Address: _____
Home Phone #: _____ Cell Phone #: _____
Birthday: ____/____/____ Gender: _____ School: _____
ASC ONLY: Current Grade _____ Kids' Kamp ONLY: Grade Level for *Upcoming* School Year _____
Please Check if Applicable: Member: _____ Non-Member: _____
Mother's Name: _____ Occupation: _____
Mother's Home Address: _____
Home Phone #: _____ Office Phone #: _____
Father's Name: _____ Occupation: _____
Father's Address: _____
Home Phone #: _____ Office Phone #: _____
Emergency Contact Name: _____ Emergency Phone #: _____

Kids' Kamp Registration Only (Please CIRCLE Those That Apply):

Session(s): (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)
Option: (I) [7:00 a.m.—4:30 p.m.] (II) [9:00 a.m.—4:30 p.m.] After Care [4:30—6:00 p.m.]: (Y) (N)
T-Shirt Size: (Youth S) (Youth M) (Youth Lg) (Adult S) (Adult M) (Adult Lg)

All applications are subject to the approval of the After School Care/ Kid's Kamp Director. By **signing below** I certify that I have read and agree to the After School Care/ Kid's Kamp Payment Guidelines and I understand that the Registration Fee and Tuition for the first Month / Session are due upon enrollment and are **NON-REFUNDABLE**. Registration is open to all children regardless of race, ethnic origin or religious preference.

Parent's Signature _____ Date _____

Please Do Not Fill-In the Bottom Until Present at St. Luke's United Methodist Church

After School Care

Kids' Kamp

TO BE COMPLETED BY ST. LUKE'S STAFF

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() Staff Discount () Scholarship
1.) Registration fee: _____
2.) Tuition Deposit: _____
3.) AMOUNT PAID: _____
4.) Check Number: _____
5.) OR Cash Receipt: _____

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Received by: _____

Received by: _____

- () Medical Form
- () Parent Permission
- () Authorization for Treatment
- () Pick-up Card

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