



REGISTRATION-EMERGENCY FILE Kids Kamp 2025

1. Child/Youth Full Legal Name:

Child's Address:

2. Health Care No.

Male

Female

3. Date of Birth (M/D/Y)

4. Mother's Full Name

Home Phone:

Work:

Cell:

Mother's Email:

5. Mother's Home Address

Postal Code:

6. Father's Full Name

Home Phone:

Work:

Cell:

Father's email:

7. Father's Home Address:

Postal Code:

8. Alternate Pick-Up

a. If someone other than yourself will be picking up your child, please state who that will be:

Name:

Relationship to child:

Phone #:

Cell #:

b.* Please name anyone who may **NOT** pick up your child:

Name:

Relationship to child:

10. Emergency Contact:

If you cannot be reached, in the case of an emergency, please provide names of 2 people who live nearby and can be contacted and pick-up your child within 30 minutes on your behalf:

Name:

Name:

Address:

Address:

Phone:

Phone:

Relationship to child:

Relationship to child:

Camp Registration - Please indicate your preference with an X:

Week 1: Little Chef's (July 2-4)

Week 5: Artistic Explorers (July 28-31)

Week 2: Adventure Camp (July 7-10)

Week 6: Let's Go Camping (August 5-8)

Week 3: Water Wonders (July 14-17)

Week 7: Earth Rangers (August 11-14)

Week 4: Imaginarium Camp (July 21-24)

Please e-transfer your registration fee to kcs78payments@gmail.com

You must include in the memo field: 1. Name of child(ren), 2. Birthdate, 3. Camps Attending 4. Parent Name and Email Address

Use the password is kcs1978