



KIDZ KAMP has a \$30.00 non-refundable registration fee that is due, per child, at the time that the application is submitted. We will have T-shirts for the campers again this year, so make sure that your child's size is listed below. Parent T-shirts are also available for \$15.00 each.

Full Name of Child: _____ Age: ____ Sex: ____ Called: _____

Address/City/Zip: _____ Phone: _____

Birth date _____ T-shirt: **Youth** SM MED LG **Adult** SM MED LG XL _____ Total for parent shirts: \$ _____

Child resides with (Please circle one): *Both Parents* *Mother* *Father* *Other:* _____

Comments _____

Mother/Guardian's Name _____ Daytime Phone _____

Place of Work _____ Alternate Phone _____

Father/Guardian's Name _____ Daytime Phone _____

Place of Work _____ Alternate Phone _____

Parent/Guardian email address: _____

Do you give consent for your child to be photographed or videotaped for the purpose of advertisements or grants? _____

Additional people we may contact or that may pick up your child in an emergency:

Name _____ Employer: _____ Daytime Phone _____

Cell Phone: _____ Relationship _____

Name _____ Employer: _____ Daytime Phone _____

Cell Phone: _____ Relationship _____

Name _____ Employer: _____ Daytime Phone _____

Cell Phone: _____ Relationship _____

Name of School your child attends: _____ last grade completed: _____

Name of Pediatrician & Phone: _____ Name of Hospital you prefer for emergency treatment: _____

Does your child have any medical conditions or concerns we should know about to better care for your child? _____

Does your child have any known allergies? _____

Is your child currently taking any routine medications? _____

Medications to be given during Kidz Kamp hours, intervention medications for allergies and documentation of food allergies or specific medical needs require a doctor's statement.

Do you approve of Basic CPR or 1st Aid treatment for your child when necessary? _____

Does your child receive services from Giles County Schools for special needs? _____

If yes, what is the diagnosis? _____

In case of illness or injury of my child, and in the event that all efforts to reach me fail, I hereby give my permission to the City of Pulaski Parks and Recreation Department and Kidz Kamp Staff my permission to follow the appropriate procedure to secure the medical attention needed for my child. I will assume responsibility for the necessary expenses involved in the treatment of my child. I also grant permission to release my child to the people listed above in the event they cannot contact me. I understand that in the event my child is not picked up by 4:30 pm, and all attempts to contact parents/emergency contacts have failed, Parks and Rec & Kidz Kamp Staff will contact the appropriate authorities.

By signing below, I acknowledge that I am responsible for payment of all child care expenses and that the cost of Kidz Kamp has been explained to me. I will pay my weekly balance prior to the month, week or day of desired care for my child(ren). If I become delinquent in my payments, I understand that I may be informed that my child care privileges have been terminated until I pay my balance in full.

Signature of Parent/Guardian: _____

Date: _____

I have received a parent handbook. Int'l: _____ Date: _____

Please select the days & weeks your child will attend and your desired method of payment below:

Days:

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

Attending Weeks:

6/4-6/8 6/11-6/15 6/18-22 6/25-6/29 7/9-13 7/16-20

Payment Plan:

\$20.00 per day _____ \$75 per week _____ \$220 per month _____ \$400 per summer _____

DROP-IN RATE FOR DAYS NOT PRE-SELECTED is \$30 per day

Upon completion of application, please submit to:

Pulaski Recreation Center/2018 Kidz Kamp

USPS to: P. O. Box 633 Pulaski, TN 38478

In-person at: 333 East College Street Pulaski, TN 38478 **Fax to:** 931/424-4461

Email to: pulaskiparks@pulaski-tn.com