



"A Place For Creative Beginnings"
808 South Avenue, Westfield, NJ 07090

Registration Form and Camp Application

Days/ Weeks

Please check off the following weeks, circle the days your child will be attending and submit the appropriate deposit. The remaining balance is due by March 1, 2017.

Submit registration form as well as an updated immunization record with your child's deposit.

Campers Name_____

___7/3/17, MWRF (School Closed Tuesday, 4th of July)

___7/10/17, MTWRF

___7/17/17, MTWRF

___7/24/17, MTWRF

___7/31/17, MTWRF

___8/7/17, MTWRF

___8/14/17 MTWRF

___8/21/17, MTWRF

Medical Emergency Authorization:

I _____ give permission to Kinderprep to give Medical
Emergency Assistance to my son/daughter _____ should
it be needed.

Parent Signature

Date

Allergies: _____

***Allergies: If your child has allergies we will need a copy of their **Medical
Emergency Plan** from their physician.***

*** We will also need a copy of your child's current immunization record***

Thank you. We look forward to a fun and enjoyable summer with you child!



Summer Camp Application

STUDENT INFORMATION

Student Name:

Date of birth:

Sex:

Phone:

Current address:

Email:

Allergies:

Mother's Information

Mother's Name:

Address:

City:

State:

ZIP Code:

Phone:

Email:

Occupation:

Business Address:

Business Phone:

Cell Phone:

Father's Information

Father's Name:

Address:

City:

State:

ZIP Code:

Phone:

Email:

Occupation:

Business Address:

Business Phone:

Cell Phone:

Emergency Information

Emergency Contact #1:

Phone:

Relationship:

Address:

Emergency Contact #2:

Phone:

Relationship:

Address:

Registration Notices

A. All Summer students must pay 50% at the time of registration and 50% by March 1, 2017.

B. A late fee charge will be added to all late tuition.

C. All monies are non-refundable, should you decide to withdrawal your child from the summer program. Please plan accordingly.

D. I have read the above registration notices and realize my obligation to Kinderprep.

Parent Signature:

Date:

*** OFFICE USE ONLY***

Date Enrolled:

Beginning Date:

REC'D:

Check #

