

Kids Kamp @ Kids Place

Central United Methodist Church
704-487-6357

ENROLLMENT AGREEMENT

Full name of child _____

Name child is called _____ Birthdate ____/____/____

Full Name of mother _____

Mailing Address _____

Street or Box City State Zip

Full name of father _____

Home Phone _____ Business/Cell phone, Mother _____

Business/Cell phone, Father _____

Physician _____

Names and numbers to whom we may release your child and /or contact in case of emergency:

Name _____ Phone _____

Name _____ Phone _____

Check Sessions you would like your child to attend:

____ Week 1 May 29-June 1

____ Week 2 June 18-22

I agree to pay a \$10.00 registration fee to Kids Place, refundable only in the event the camp does not occur. I also agree to honor this enrollment and pay the tuition by the first day of Kamp. I acknowledge that once my child has started camp tuition cannot be refunded.

Date _____ Signed _____

(Parent or legal guardian)

For office use only:

____ Enrollment Form and fee received.

Date _____