

To reserve space,  
include registration  
fee of \$25.00



Summer Camp  
Application  
2024

Date of Application \_\_\_\_\_ Desired Start Date \_\_\_\_\_

I. STUDENT INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Goes By: \_\_\_\_\_

Birthday: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_ Sex: \_\_\_ Race: \_\_\_\_\_ Church Affiliation: \_\_\_\_\_

Names of Siblings: \_\_\_\_\_

II. PARENT/GUARDIAN INFORMATION

Father: Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Mother: Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_

Father: Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mother: Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Occupation and Employer: \_\_\_\_\_

Email Address Father: \_\_\_\_\_ Mother: \_\_\_\_\_

EMERGENCY & MEDICAL CONTACTS (List name, relationship, home & work phone): \_\_\_\_\_

List any persons other than parents/guardians and Emergency Contacts who are authorized to pick up student (Include name, home and work phone numbers) \_\_\_\_\_

Allergies-Food/ Medical: \_\_\_\_\_

Please Mark Below:

\_\_\_\_\_ Yes, my child is allowed to watch PG rated movies at KDC Summer Camp.

\_\_\_\_\_ No, my child is not allowed to watch PG rated movies at KDC Summer Camp.

Parent's Signature: \_\_\_\_\_

Summer Camp is available to children who have completed Kindergarten through age 10.

**Summer Camp begins Tuesday, May 28, 2024 and ends Friday, August 2, 2024**