



# Kiddie Korral Kastle



Summer 2008

Child's Name \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Age \_\_\_\_\_ Birthday \_\_\_\_\_

Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ School \_\_\_\_\_ Grade Entering \_\_\_\_\_

Parent's Name \_\_\_\_\_ Employer \_\_\_\_\_ Work # \_\_\_\_\_ Cell \_\_\_\_\_

Parent's Name \_\_\_\_\_ Employer \_\_\_\_\_ Work # \_\_\_\_\_ Cell \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_ Work phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_ Work phone \_\_\_\_\_

### Health History(check all that apply)

\_\_\_\_\_ allergies    \_\_\_\_\_ ADD/ADHD    \_\_\_\_\_ allergy to Poison Ivy/Oak    \_\_\_\_\_ allergy to insect bites/stings  
\_\_\_\_\_ seizures    \_\_\_\_\_ asthma    \_\_\_\_\_ special dietary needs    \_\_\_\_\_ other \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Medical Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

### Contract Agreement

I approve this application and certify that the applicant is Capable of such an experience. I agree to pay the balance of the camp fees on or before each regulated payment date. I understand the reserved space cannot be held past the due date without full payment. There are no refunds or credits under any circumstance for the activities fee and the registration fee. I understand that I must give the center two-weeks notice in writing if I plan on removing my child before the end of camp. If I fail to do this I understand that I am still responsible for two-weeks tuition. I grant permission for the applicant to participate in all planned camp activities including out-of-camp trips by authorized vehicles or bus. In case of emergency and parents cannot be reached, Kiddie Korral Kastle is authorized to secure emergency medical treatment. I understand Kiddie Korral Kastle is NOT responsible for any medical bills. The Kiddie Korral Kastle is NOT responsible for lost, stolen or damaged personal property(please do not bring valuables). I grant permission that any photograph taken of my child may be used for promotional pieces.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_