

Camp Site _____
Apple _____

**NESHAMINY KIDS CLUB
CAMP REGISTRATION**

T-Shirt size _____
D/O Time _____
P/U Time _____

Child's Name: _____ Date of Birth: _____ Age: _____ Grade completed _____

Child's Name: _____ Date of Birth: _____ Age: _____ Grade completed _____

Home Phone: _____ Child lives with: _____

Address: _____ City: _____ State: _____ Zip: _____

Mom's Name: _____ Employer _____ Work Phone _____

Dad's Name: _____ Employer _____ Work Phone _____

Mom's Cell: _____ Dad's cell _____

Email Address _____

Emergency Contact/Pick-up People (other than parents)

Name: _____ Home Phone: _____ Cell Phone: _____

Name: _____ Home Phone: _____ Cell Phone: _____

Physician's Name: _____ Phone: _____

Child's special needs, physical limitations, and/or allergies: _____

Have you ever been enrolled in our before and afterschool program or camp? _____

I hereby enroll my child in the Neshaminy Kids Club camp program. I give Neshaminy Kids Club permission to transport my child on all field trips as noted on the camp calendar, as well as occasional unscheduled side trips (e.g.: move theater, bowling, etc.). I understand and agree that by submitting this registration form and paying the deposit, my child(ren) will be reserved place in the Camp for the enrollment period selected. I further understand and agree that all deposit and advanced fees are not refundable for any reason. I also understand and agree that if I do not notify Neshaminy Kids Club of my intention to cancel this registration on or before May 1, 2010, then I will be obliged to pay the full fees for the enrollment option selected. I understand and agree that vacation weeks and schedules can not be changed once my child is registered.

Circle Enrolment Option:

Option A 10 weeks: June 21-August 27, \$2000.00 before June 1. Vacation weeks must be selected before June 1. Limit two weeks vacation at a credit of \$200.00 per week. **No credits for vacation weeks will be honored after June 1st. All Camp Fees Must be paid in full by MAY 1, 2010 or \$215.00 per week applies.**

Vacation weeks: _____

Option B: Weekly: \$215 per week

Circle: Weeks of: 6/21 6/28 7/5 7/12 7/19 7/26 8/2 8/9 8/16 8/23

Option C: Daily: \$55 per camp day

Circle Selected Days: M T W Th F Number of days: _____



I understand that children must be dropped off no later than 9:00 a.m. and picked up no later than 5:30 p.m. There is a late fee of \$15.00 per 15 minutes if pickup is later than 5:30 p.m. I understand that there are no changes in schedule once registration is complete. All before and after school bills must be paid before camp registration. We accept Master/Visa credit cards.

A \$500.00 DEPOSIT PER CHILD WHICH WILL BE APPLIED TO YOUR FEES IS REQUIRED. THE BALANCE OF CAMP TUITION MUST BE PAID IN FULL BEFORE CHILD ATTENDS CAMP.

Parent's signature: _____ Date _____

For NKC Use: Registrar: _____ Check # _____ Amount Paid _____
Name on Credit Card: _____ Credit Card # _____ Type: VISA M/C
Expiration Date: _____ Amount: _____ Cash? _____