

Kids Kamp Registration for 2017

Christ Lutheran Church • 595 Deerpath Dr., Vernon Hills, IL 60061
kidskamp2015@gmail.com • 847-367-5791

Child's Name: _____ Parent's Name(s): _____
Age (at Kamp): _____ Boy () Girl () Email: _____
Birthdate: _____ Shirt Size: _____ Home #: _____
Address: _____ Cell #: _____
City: _____ Zip: _____ Work #: _____

Please complete separate forms per child. Check here if Sibling (10% discount will apply on the youngest sibling)

*Please select the session(s) your child will attend. Please note: **3 week minimum** required of **all** kampers, including CITs. Pricing for 9am-12pm: 3-9 year olds = \$25 per day; 10-12 year olds CITs = \$13 per day.

Session #1: June 5 - June 23

2 days per week 3 days per week 4 days per week 5 days per week
Choose days: Monday Tuesday Wednesday Thursday Friday

Session #2: June 26 - July 14 (no Kamp 7/4)

2 days per week 3 days per week 4 days per week 5 days per week
Choose days: Monday Tuesday Wednesday Thursday Friday

Session #3: July 17 - August 4

2 days per week 3 days per week 4 days per week 5 days per week
Choose days: Monday Tuesday Wednesday Thursday Friday

Bonus Week: August 7 - August 11

Monday (8/7) Tuesday (8/8) Wednesday (8/9) Thursday (8/10) Friday (8/11)

*Please check any of the following that apply. We will contact you for scheduling and pricing.

- I'm interested in Extended Hours during Kids Kamp. Extended Hours are available, 7:30am-6pm.
 - I'm interested in Breakfast Club, 8:30am - 9am. \$5 per day, payable on a daily basis.
 - I'm interested in Lunch Bunch, 12pm - 1pm. \$10 per day, payable on a daily basis.
 - I'm interested in Afternoon Adventures, 12pm - 3pm. See back to select dates.
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*Payment Information: Include only a Non-refundable Deposit (\$50) per child with this Registration Form.

Deposit is applied toward Tuition. *You will receive confirmation and an Invoice for your Kids Kamp Tuition.

*Registration Forms and Deposit received on or before 5pm on March 1, 2017, will receive 10% discount on all remaining balances. *However, all payments must be received on or before May 5, 2017 to receive discount.

*Starting June 1, 2017, there is a 3% processing fee for all credit card payments.

Date Received: _____

Tuition Due: \$

Early Discount: -

Sibling Discount: -

Deposits: -

Kids Kamp 2017 – Registration continued

AFTERNOON ADVENTURES meet 12:00pm-3:00pm and includes Lunch Bunch. Fees: \$25 per class per day. Please circle the dates your child will attend on the calendar(s) below.

June 2017 Session #1					
M	T	W	Th	F	
5	6	7	8	9	
12	13	14	15	16	
19	20	21	22	23	

June/July 2017 Session #2					
M	T	W	Th	F	
26	27	28	29	30	
3	X	5	6	7	
10	11	12	13	14	

July/August 2017 Session #3/Bonus Week					
M	T	W	Th	F	
17	18	19	20	21	
24	25	26	27	28	
31	1	2	3	4	
7	8	9	10	11	

ALLERGY / HEALTH INFORMATION:

Health Concerns or Food Allergies:

Please list special needs, if any:

PICK UP AUTHORIZATIONS:

Name: _____

Phone # _____

Address: _____

Relationship to child: _____

Name: _____

Phone # _____

Address: _____

Relationship to child: _____

Name: _____

Phone # _____

Address: _____

Relationship to child: _____

SIGNATURE:

Parent / Guardian Signature: _____

Date: _____