



**Please fill out one form for EACH child attending*

**Children MUST have completed kindergarten*

Child's Name: First _____ Last _____

Birth Date _____ Age _____ Gender: M F

Grade completed as of May 2017 _____ School Child attends _____

T-Shirt Size YS YM YL AS AM AL

Billing Address _____

City _____ State _____ Zip Code _____

Parent/Guardian Name(s): _____

Email _____

Cell Phone _____ Home Phone: _____

Summer Day Camps 2017

Please mark each week that your child will be attending. Each week is \$100 per child. If you sign up by the day, it will be \$30 a day per child. Additional siblings may be added for \$80 a week, but this discount cannot be applied on a day to day basis.

_____ **Week 1** (June 5 – 9)

_____ **Week 2** (June 12 – 16)

_____ **Week 3** (June 19 – 23)

_____ **Week 4** (June 26 – June 30)

_____ **Week 5** (July 10 – 14)

_____ **Week 6** (July 17 – 21)

_____ **Week 7** (July 24 – 28)

_____ **Week 8** (July 31 – August 4)

*Early Show is an additional \$10 a week &
Late Show is an additional \$5 a week.*

**Will your child be coming for Early Show
(7am-8:45am)?**

Yes

No

**Will your child be staying for Late Show
(5pm-6pm)?**

Yes

No

For more information on Early/Late Show
visit our website www.questkidsclub.org

**Would you like to reserve a
spot for our After-School Club?**

Yes

No

For Office use only:

_____ \$25 registration fee

Additional notes:

CHILD'S NAME: LAST _____ FIRST _____ BIRTH DATE _____

ADDRESS _____

MOTHER'S NAME/LEGAL GUARDIAN _____

HOME TELEPHONE NUMBER _____ CELL PHONE _____

ADDRESS (if different from camper) _____

BUSINESS NAME _____ BUSINESS PHONE _____

BUSINESS ADDRESS _____

FATHER'S NAME/LEGAL GUARDIAN _____

HOME TELEPHONE NUMBER _____ CELL PHONE _____

ADDRESS (if different from camper) _____

BUSINESS NAME _____ BUSINESS PHONE _____

BUSINESS ADDRESS _____

CHILD LIVES WITH: BOTH PARENTS MOTHER FATHER OTHER _____

EMERGENCY CONTACT PERSONS – OTHER THAN PARENTS		
NAME	PHONE NUMBER(S)	RELATIONSHIP TO CHILD

PERSONS TO WHOM CHILD MAY BE RELEASED – OTHER THAN PARENTS		
NAME	PHONE NUMBER(S)	RELATIONSHIP TO CHILD

NAME OF CHILD'S **PHYSICIAN/MEDICAL CARE PROVIDER** _____

PHONE NUMBER _____ ADDRESS _____

MEDICAL INSURANCE POLICY INFORMATION: INSURANCE COMPANY

ALL POLICY NUMBERS _____

ALLERGIES _____

EXISTING MEDICAL CONDITIONS _____

MEDICATION & SPECIAL CONDITIONS _____

I, _____, give permission for minor child, _____, to participate and engage fully in all Quest Kids Club activities at Quest Kids Club & Family Center. I have provided the above information, take full responsibility for its correctness and understand that I am responsible for providing updates due to any changes. In case of health problem or emergency, I authorize Quest Kids Club to administer First Aid, and where necessary, obtain medical treatment, including transporting to a medical facility for the minor child as needed. And I authorize the release of any records for insurance purposes.

Parent/Legal Guardian Signature Date

We often post photos on our Facebook page (Quest Kids Club & Family Center) and Instagram (@questkidsclub) for parents and other supporters of QKC to see what we are doing at Quest! We also like to use photos of our actual participants on advertisements (flyers, posters, signs, etc.) If you give us permission to use photos of your child in the above manner, please sign and date below.

Parent/Legal Guardian Signature Date