



**Please fill out one form for EACH child attending
Children MUST have completed kindergarten

CHILD'S INFORMATION:

FIRST _____

LAST _____

BIRTH DATE _____

AGE _____ GENDER: M F

GRADE COMPLETED AS OF MAY 2018 _____

SCHOOL CHILD ATTENDS _____ T-SHIRT SIZE YS YM YL AS AM AL AXL

BILLING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

CHILD LIVES WITH: BOTH PARENTS MOTHER FATHER OTHER _____

MOTHER'S NAME/LEGAL GUARDIAN _____

CELL PHONE _____ HOME PHONE _____

BUSINESS NAME _____ BUSINESS PHONE _____

ADDRESS (if different from camper) _____

FATHER'S NAME/LEGAL GUARDIAN _____

CELL PHONE _____ HOME PHONE _____

BUSINESS NAME _____ BUSINESS PHONE _____

ADDRESS (if different from camper) _____

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

EMERGENCY CONTACT PERSONS – OTHER THAN PARENTS

NAME	PHONE NUMBER(S)	RELATIONSHIP TO CHILD

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

MEDICAL CARE PROVIDER PHONE NUMBER _____

INSURANCE COMPANY _____ POLICY NUMBERS _____**ALLERGIES** _____**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**SUMMER DAY CAMP**

*Please mark each week that
your child will be attending.*

- ☐ **WEEK 1 (JUNE 4)**
☐ **WEEK 2 (JUNE 11)**
☐ **WEEK 3 (JUNE 18)**
☐ **WEEK 4 (JUNE 25)**
CLOSED JULY 2 – 6
☐ **WEEK 5 (JULY 9)**
☐ **WEEK 6 (JULY 16)**
☐ **WEEK 7 (JULY 23)**
☐ **WEEK 8 (JULY 30)**

*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

**WOULD YOU LIKE TO RESERVE A SPOT
FOR AFTER SCHOOL CLUB?**

YES NO

For office use only.

_____ **\$40**
REGISTRATION FEE

PAYMENT TYPE
_____STAFF SIGN OFF

ADDITIONAL NOTES: