

2011-2012 Kids' Campus Program Pinecrest - Kindergarten – Grade 5

Sponsored by: Hastings ISD #200, Community Education
- REGISTRATION FORM -

CHILD'S NAME _____ BIRTHDATE _____ SCHOOL _____ GRADE _____
Last First M.I. (School/Grade during 2011-2012 School Year)

CHILD'S NAME _____ BIRTHDATE _____ SCHOOL _____ GRADE _____
Last First M.I. (School/Grade during 2011-2012 School Year)

MOTHER'S NAME _____ HOME PHONE (____) _____ WORK PHONE (____) _____

ADDRESS _____ CITY/STATE/ZIP _____

EMAIL ADDRESS _____ Cell Phone(____) _____

FATHER'S NAME _____ HOME PHONE (____) _____ WORK PHONE (____) _____

ADDRESS _____ CITY/STATE/ZIP _____

EMAIL ADDRESS _____ Cell Phone(____) _____

PERSON(S) RESPONSIBLE FOR BILLING:

CELL PHONE (____) _____

NAME _____ HOME PHONE (____) _____ WORK PHONE (____) _____

ADDRESS _____ CITY/STATE/ZIP _____

Total Amount Paid: \$ _____ Method of Payment: _____ Cash _____ VISA _____ Mastercard

Credit Card # _____ Exp. Date: _____ Cardholder's Name: _____

Email Address: _____ (Tax information will be emailed to the above address after the end of the year)

I am registering my child(ren) for the following Kids' Campus Sessions:

Pinecrest Contract Options

Registration Fee: \$45.00/child

OPTION 1: Full Time - Before & After School 5 days each week

_____ Before & After School **\$20.00/day**
(site opens at 6:30am and closes at 6:00 pm)

OPTION 2: Part Time - Before OR After School

Monday – Friday

_____ Before School Only **\$9.00/day** Circle Days Needed: **M / T / W / Th / F**
(site opens at 6:30am)

_____ After School Only **\$14.00/day** Circle Days Needed: **M / T / W / Th / F**
(site closes at 6:00pm)

_____ **FULL DAY PROGRAM \$32.00/day**
(on Non-School Days)

Please fill out the information on the reverse side.

Please fill out the following information

Emergency contacts other than parents:

_____	_____	_____
Name	Name	Name
_____	_____	_____
Phone Number	Phone Number	Phone Number

Does your child have special health related conditions such as physical/mental impairments, allergies, chronic illness or need accommodations for diet or medications of any kind? _____

If yes, please specify _____

My child has some health concern information on file with the Hastings School District. _____ Yes _____ No
I give permission for health information concerning my child to be shared with Kids' Campus/Camp Horizons program staff.
_____ Yes _____ No

Are there particular persons who are not authorized to take your child by Court order? _____
You must provide staff with a copy of the court order. Name: _____ Relationship: _____

I grant permission for my child to attend all off-site activities/field trips? _____ YES _____ NO

I hereby give my consent to the supervising teacher of the Kids Campus program to call Dr. _____,
phone number _____ should an emergency arise.

In the event of an emergency, I hereby give permission for my child to be taken to Regina Hospital for treatment and I will
be responsible for medical charges. _____ YES _____ NO

In the event the Kids Campus program children are included in any newspaper, radio or television publicity, I give my
permission for my child to be included in the pictures, etc. _____ YES _____ NO

I recognize my responsibility to respect the rules of the Kids Campus program as well as my responsibility to help my child respect the rules needed to provide a positive experience for all participants. I agree to be responsible for knowing the contents of the parent handbook, to pay the agreed upon fee on time, and to be responsible for any damages my child might cause while participating in the Kids Campus program.

Parent/Guardian Signature

Date