

# Camp-a-palooza & Imagination C camper Information & Medical form.....489-7575

Office only

Name: \_\_\_\_\_

Child's Name \_\_\_\_\_ Sex \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Home Phone \_\_\_\_\_

School \_\_\_\_\_ Grade (Fall'10) \_\_\_\_\_ Has your child attended Camp-a-palooza before? \_\_\_\_\_ Year? \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/guardian \_\_\_\_\_ Phone \_\_\_\_\_ Cell: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Bus. Ph. \_\_\_\_\_  
(if different than above)

Second parent/guardian/emergency contact \_\_\_\_\_ Phone \_\_\_\_\_ Cell: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Bus. Ph. \_\_\_\_\_  
(if different than above)

Email address: \_\_\_\_\_

### Student Drop off & Pick up Information

- For your child's safety, please accompany your child into & out of the facility and sign in & out everyday.
- Check-in is between 8:45am-9am. Any campers that arrive before 8:45am will be billed at the before-care rate of \$9.25. Please note: our counselors are in meetings prior to 8:45am.
- Pick-up is between 3:45-4:00pm. After 4pm your child will be taken to after-care and you will be charged \$9.25. All after care campers need to be picked up no later than 6pm.

**Please list those adults to whom your child may be released and picked up/ Emergency Contacts.**

Name	Phone 1	Phone 2	Relationship

Group: \_\_\_\_\_

Please list anyone who doesn't have permission to pick up your child: \_\_\_\_\_

Please list any friends that your child would like to be placed with: \_\_\_\_\_ Grade: \_\_\_\_\_

Friend #2: \_\_\_\_\_ Grade: \_\_\_\_\_

Are there any Kids First classes that we need to take your child to during camp or during aftercare? \_\_\_\_\_

If yes, please list: \_\_\_\_\_

Year: \_\_\_\_\_

### Your Child

Does not eat:  Red Meat  Pork  Dairy Products  Poultry  Seafood  Eggs  Other \_\_\_\_\_

Allergic to:  Bee Stings  Peanuts  Tree Nuts  Dairy  Sun screen  Other \_\_\_\_\_

Medication allergies/Sensitivities: \_\_\_\_\_

Is an epi-pen needed for any of the allergies above? \_\_\_\_\_

What type of reaction does your child have to stings? \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Dentist's Name \_\_\_\_\_ Phone \_\_\_\_\_





**WEEK 5 - July 5-9**

Week 5-July 5-9      \$ \_\_\_\_\_  
 Daily x \_\_\_\_\_      \$ \_\_\_\_\_

Circle Days: M T W R F

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Before Care x \_\_\_\_\_ \$ \_\_\_\_\_  
 After Care x \_\_\_\_\_ \$ \_\_\_\_\_

Circle Days: M T W R F

**TOTAL**      \$ \_\_\_\_\_

**WEEK 6 - July 12-16**

Week 6-July 12-16      \$ \_\_\_\_\_  
 Daily x \_\_\_\_\_      \$ \_\_\_\_\_

Circle Days: M T W R F

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Before Care x \_\_\_\_\_ \$ \_\_\_\_\_  
 After Care x \_\_\_\_\_ \$ \_\_\_\_\_

Circle Days: M T W R F

**TOTAL**      \$ \_\_\_\_\_

**WEEK 7 - July 19-23**

Week 7-July 19-23      \$ \_\_\_\_\_  
 Daily x \_\_\_\_\_      \$ \_\_\_\_\_

Circle Days: M T W R F

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Before Care x \_\_\_\_\_ \$ \_\_\_\_\_  
 After Care x \_\_\_\_\_ \$ \_\_\_\_\_

Circle Days: M T W R F

**TOTAL**      \$ \_\_\_\_\_

**WEEK 8- July 26-30**

Week 8-July 26-30      \$ \_\_\_\_\_  
 Daily x \_\_\_\_\_      \$ \_\_\_\_\_

Circle Days: M T W R F

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Before Care x \_\_\_\_\_ \$ \_\_\_\_\_  
 After Care x \_\_\_\_\_ \$ \_\_\_\_\_

Circle Days: M T W R F

**TOTAL**      \$ \_\_\_\_\_

**WEEK 9 - Aug 2-6**

Week 9-Aug 2-6      \$ \_\_\_\_\_  
 Daily x \_\_\_\_\_      \$ \_\_\_\_\_

Circle Days: M T W R F

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Before Care x \_\_\_\_\_ \$ \_\_\_\_\_  
 After Care x \_\_\_\_\_ \$ \_\_\_\_\_

Circle Days: M T W R F

**TOTAL**      \$ \_\_\_\_\_

**WEEK 10 - Aug 9-13**

Week 10-Aug 9-13      \$ \_\_\_\_\_  
 Daily x \_\_\_\_\_ \$ \_\_\_\_\_

Circle Days: M T W R F

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Before Care x \_\_\_\_\_ \$ \_\_\_\_\_  
 After Care x \_\_\_\_\_ \$ \_\_\_\_\_

Circle Days: M T W R F

**TOTAL**      \$ \_\_\_\_\_

**WEEK 11 - Aug 16-20**

Week 11-Aug 16-20      \$ \_\_\_\_\_  
 Daily x \_\_\_\_\_      \$ \_\_\_\_\_

Circle Days: M T W R F

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Before Care x \_\_\_\_\_ \$ \_\_\_\_\_  
 After Care x \_\_\_\_\_ \$ \_\_\_\_\_

Circle Days: M T W R F

**TOTAL**      \$ \_\_\_\_\_

**Tuition Info:**

CAMP-A-PALOOZA	\$230.00	
DAILY RATE	\$53.00	
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BEFORE CARE	\$46.00	> BOTH \$80.00
AFTER CARE	\$46.00	
DAILY RATE	\$9.25	

**Payment Information**

TOTAL ENCLOSED.....\$ \_\_\_\_\_ Paid by:  Check .....  Credit Card \$ \_\_\_\_\_

Name on the card: \_\_\_\_\_ Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_

I authorize Kids First Sports Center to keep my credit card on file and automatically charge my fees the Wednesday prior to week attending. \_\_\_\_\_ (initial)



