



# 2018 KidQuest Summer Camp

## Camper and Guardian Information

Child's Last Name		First Name		Date of Birth		Age		M F Gender		
Parent/Guardian's Full Name					Parent/Guardian's Full Name					
Work Phone		Home Phone		Work Phone		Home Phone				
Address					Address <b>If Different</b>					
City		State		ZIP Code		City		State		ZIP Code

## Alternative Emergency Contacts – MUST have TWO (2) Additional Contacts other than Parents

Primary Emergency Contact				Secondary Emergency Contact			
Work Phone		Home Phone		Work Phone		Home Phone	

Are there any medical Concerns/allergies we need to be aware of?

## Camp Enrollment Information

**Camps:** NO Registration Fee. **Full Day:** 8am-3pm \$225/week **Half Day:** 8am-12pm \$150/week

**Robotics Club:** 3am-5pm \$175\*/week + \$30 one-time Registration Fee

\*\$50 discount if enrolled in same week camp session

**NWLA to Complete**

		Ages 3-5		Ages 6-9		Ages 10-12		Robotics (Ages 8-12) M-F 3-5pm	Before Care		After Care	
		Full Day	Half Day	Full Day	Half Day	Full Day	Half Day		8-9am	3-4pm	3-5pm	
1	June 4-8											
2	June 11-15											
3	June 18-22											
4	June 25-29											
5	July 9-13											
6	July 16-20											

\_\_\_\_\_ Camps @ \$ \_\_\_\_\_ /week = \$ \_\_\_\_\_

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\_\_\_\_\_ Clubs @ \$ \_\_\_\_\_ /week = \$ \_\_\_\_\_

\_\_\_\_\_ B/C @ \$ \_\_\_\_\_ /week = \$ \_\_\_\_\_

\_\_\_\_\_ A/C @ \$ \_\_\_\_\_ /week = \$ \_\_\_\_\_

Total: \$ \_\_\_\_\_

CC Fee: \$ \_\_\_\_\_

Total Due: \$ \_\_\_\_\_

Process/Check#: \_\_\_\_\_ Date: \_\_\_\_\_

Code: \_\_\_\_\_

**Initial One:**

I **authorize** New World Learning Academy(NWLA), its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that New World Learning Academy may use such photographs of me or my child with or without their name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

or I **do not** authorize New World Learning Academy to use and publish in print or electronically any photographs or video of my child with or without their name.

**Initial All:**

The parent/guardian understands and agrees that the Child's placement is not secured until all enrollment forms and fees have been turned into the office. **ALL Extended Care Fees are to be paid on the first day of camp to secure enrollment.**

Doors open at 10 minutes prior to start date. **Late fee of \$1 per minute will be charged for pickups later than 10 minutes.** If you are consistently late, NWLA reserves the right to charge a \$10 per day surcharge, due by 9am next camp day.

I authorize NWLA to take my child to the doctor or hospital for an emergency treatment which may be necessary if none of the above persons can be reached.

Parent's/Guardian's Signature	Print Name	Date
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# 2018 KidQuest Summer Camp Sibling Form

**Camper and Guardian Information**

Child's Last Name	First Name	Date of Birth	Age	M   F Gender
Parent/Guardian's Full Name		Parent/Guardian's Full Name		
Enrolled Sibling Name				

**Alternative Emergency Contacts – MUST have TWO (2) Additional Contacts other than Parents**

\*\*Emergency Contacts Same as Sibling Emergency Contact form.

Are there any medical Concerns/allergies we need to be aware of?

**Camp Enrollment Information**

**Camps:** NO Registration Fee.    **Full Day:** 8am-3pm \$225/week    **Half Day:** 8am-12pm \$150/week

**Robotics Club:** 3am-5pm \$175\*/week + \$30 one-time Registration Fee

\*\$50 discount if enrolled in same week camp session

**NWLA to Complete**

		Ages 3-5		Ages 6-9		Ages 10-12		Robotics (Ages 8-12)	Before Care	After Care	
		Full Day	Half Day	Full Day	Half Day	Full Day	Half Day	M-F 3-5pm	8-9am	3-4pm	3-5pm
1	June 4-8										
2	June 11-15										
3	June 18-22										
4	June 25-29										
5	July 9-13										
6	July 16-20										

\_\_\_\_\_ Camps @ \$ \_\_\_\_\_ /week = \$ \_\_\_\_\_

\_\_\_\_\_ Camps @ \$ \_\_\_\_\_ /week = \$ \_\_\_\_\_

\_\_\_\_\_ Clubs @ \$ \_\_\_\_\_ /week = \$ \_\_\_\_\_

\_\_\_\_\_ B/C @ \$ \_\_\_\_\_ /week = \$ \_\_\_\_\_

\_\_\_\_\_ A/C @ \$ \_\_\_\_\_ /week = \$ \_\_\_\_\_

Total: \$ \_\_\_\_\_

CC Fee: \$ \_\_\_\_\_

Total Due: \$ \_\_\_\_\_

Process/Check#: \_\_\_\_\_ Date: \_\_\_\_\_

Code: \_\_\_\_\_

**Initial One:**

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or \_\_\_\_\_ I **do not** Authorize New World Learning Academy to use and publish in print or electronically any photographs or video of my child with or without their name.

**Initial All:**

The parent/guardian understands and agrees that the Child's placement is not secured until all enrollment forms and fees have been turned into the office. **ALL Extended Care Fees are to be paid on the first day of camp to secure enrollment.**

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I authorize NWLA to take my child to the doctor or hospital for an emergency treatment which may be necessary if none of the above persons can be reached.

Parent's/Guardian's Signature	Print Name	Date
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