



2018 KidQuest Summer Camp

Camper and Guardian Information

| | | | | |
|-----------------------------|------------|-----------------------------|------------|---|
| Child's Last Name | First Name | Date of Birth | Age | M <input type="checkbox"/> F <input type="checkbox"/> |
| Parent/Guardian's Full Name | | Parent/Guardian's Full Name | | |
| Work Phone | Home Phone | Work Phone | Home Phone | |
| Address | | Address If Different | | |
| City | State | ZIP Code | City | State |

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

| | |
|--|-----------------------------|
| Primary Emergency Contact | Secondary Emergency Contact |
| 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:** 9am-3pm \$225/week **Half Day:** 9am-12pm \$150/week

Morning Care: 8-9am \$25 **After Camp Care:** 3-4pm \$25 / 3-5pm \$50

Robotics Club: 3pm-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 <small>(Ages 6-12)</small> | 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:

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 |
|-------------------------------|------------|------|

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:** 9am-3pm \$225/week **Half Day:** 9am-12pm \$150/week

Morning Care: 8-9am \$25 **After Camp Care:** 3-4pm \$25 / 3-5pm \$50

10% sibling discount off camp only. Robotics & extended care excluded.

Robotics Club: 3pm-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:

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.**

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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 |
|-------------------------------|------------|------|