

Please remove and complete the following CKC Camp registration form



Summer CKC Camp Pre-Registration form 2017

Child's name _____ Grade entering in August 2017 _____

Child's home school: _____

Address _____ City _____ Zip _____

Parent Information:

Mother name _____ Phone _____

Address _____ City _____ Zip _____

Email Address _____ Employer _____

Father name _____ Phone _____

Address _____ City _____ Zip _____

Email Address _____ Employer _____

Traditional Camp Locations (choose your selected location)

___ Rockport Elementary ___ Sherwood Elementary

You must pre-register for CKC camp. Please select your child's attendance for each week of camp. You may choose 1-3 days or 4-5 days. You will be charged for your selection, and payment will be due the Friday before the selected week. Please note that any changes to your selection require contact with the CKC Main office and must be done before the tuition due date. If the CKC office staff have not been notified prior to your child's registered attendance, no refunds will be issued should your child not attend a selected day, or week of camp.

Please circle the days for each week of attendance:

Week of July 3-7: **Monday** **Tuesday** Wednesday Thursday Friday (closed July 3, and 4)

Week of July 10-14: Monday Tuesday Wednesday Thursday Friday

Week of July 17-21: Monday Tuesday Wednesday Thursday Friday

Week of July 24-28: Monday Tuesday Wednesday Thursday Friday

Weekly fees: 1-3 day selection= \$94.00 4-5 day selection= \$140.00

Weekly CKC payments may be made payable to Character Kids Club. We accept personal check, money order or you may pay on-line in your child's portal. No cash accepted.

Specialty Camps are Monday-Friday. **There is no 1-3 day rate available.** Students participating in the Media and Rec. Sports specialty camp need to be dropped off at Rockport by 8:00 am and then will be transported to their destination on the Fox High School Campus. They will be bussed back to Rockport at 3:30 each day for pick up. Specialty camp capacity is 20 for each one offered. Pre-registration will be first come first serve. Pre-registration for specialty camp must be accompanied with payment (no-refunds) and dropped off at the CKC Main Office located at 849 Jeffco Blvd. (You may submit your registration and payment the April 18, at the summer camp information night). This process ensures all participants are taken in the order received. All specialty camps operate from 8:30am-3:30pm. Before and after care is included if needed. Please circle the specialty camp you are registering for:

Week of July 10-14: "Pitch Perfect" Media Camp instructed by Michelle Brown (FHS Campus)

Week of July 17-21: "Chef for a Week" Camp instructed by Jackie Wenzelburger (Sherwood)

Week of July 17-21: "Create your Masterpiece" Art Camp instructed by Katie Duren (Rockport)

Week of July 24-28: "Recreation Sports Bonanza" Sports Camp instructed by Zack Wilson (FHS Campus)

Weekly fees: \$140.00 Specialty Camp fee per child

All specialty camps will operate from 8:30am-3:30 pm at their perspective locations. Students participating in Media & Sports specialty camp will need to be dropped off at Rockport by 8:00am and picked up at Rockport after 3:30pm

Second and third child discounts are available. We offer a 10% discount for a second child, and 20% discount for 3 or more children registered for our camps. DFS discounted rates and scholarship rates are only accepted for Traditional Camp.

Please indicate permission for the following:

1. My child may be photographed/ video-taped during camp related activities. ___Yes ___No
2. My child can watch PG rated movies while attending camp. ___Yes ___No
3. My child can eat all snacks prepared during cooking activities at any of our camps. ___Yes ___No
4. (If participating in Rec. Sports or Video Camp), my child has permission to walk with the group, under the supervision of the camp counselors, to the Fox Service Center from the FHS campus. ___Yes ___No
5. Additional sunscreen may be applied to my child by the CKC staff. ___Yes ___No

I understand that payment for my child's CKC camp is due the Friday before the week of service. I understand that failure to pay could result in my child's suspension from CKC programming until my balance is paid. I understand that I will not be issued a refund if my child doesn't attend a registered week, or day of camp that drops the fee from 4-5 days to 1-3 days, unless I have notified the CKC Main Office prior to the day tuition is due.

Parent Signature

Date

EMERGENCY INFORMATION

The following individuals ARE authorized to pick-up my child from CKC Camp:

Name	Contact number	Relationship

The following individuals ARE NOT authorized to pick-up my child from school. NOTE: In the case of parental separation, divorce or custody arrangement, we cannot legally stop this from happening unless there is an official court order in our records.

Name	Contact number	Relationship

I hereby authorize the emergency treatment, administration of anesthesia and surgical treatment for my minor child in the event of an emergency medical situation occurring during my absence or when school, hospital/medical authorities are unable to contact me. I release from responsibility and liability, hospital/medical authorities for performing medical procedures deemed necessary during my absence.

_____ **YES, I authorize emergency treatment** _____ **NO, I do not authorize emergency treatment.**

Parent/Guardian Signature **Date**

Does your child have any medical concerns, allergies, or special needs we should be aware of:

___ **Yes** ___ **No**

If you marked yes, please provide information that can help us make camp successful for your child:

_____.

I understand that I must review the CKC Camp handbook and submit a signed acknowledgement page with this registration paperwork.

Student's name _____

Parent's printed name _____

Parent signature _____ **Date** _____

You may scan your completed form to: belleilles@foxc6.org or drop at CKC office: 849 Jeffco Blvd. Arnold, MO