



2010 Summer Camp Registration

Mail Completed
 Application to:
Kids Are First
 25 E. Church Street
 Sellersville, PA 18960
 215-257-7344

Child's Full Name: _____ Boy Girl

Child's Birthdate: _____ School Grade Completed: _____

Mother's Name: _____ Father's Name: _____

Home Phone: _____ Cell Phone: _____

Mother's Work Phone: _____ Father's Work Phone: _____

Home Address: _____ City: _____ Zip: _____

Please enroll my child as indicated below. Please check boxes to indicate desired sessions, what days your child will be attending, what time they will attending (AM or PM) and whether or not you will need extended hours.

Session	Mon - Fri Full Week	M,W,F	T,Th	Full Day	Half Day AM	Half Day PM	Extended Hours
Session 1 6/21 - 6/25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Session 2 6/28 - 7/2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Session 3 7/5 - 7/9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Session 4 7/12 - 7/16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Session 5 7/19 - 7/23	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Session 6 7/26 - 7/30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Session 7 8/2 - 8/6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Session 8 8/9 - 8/13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Session 9 8/16 - 8/20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I agree to pay for the above according to the 2010 camp tuition and payment schedules. Enclosed is my non-refundable \$30 application fee (per child) plus one week's tuition for one child, to hold my registration choices. (Tuition will be credited towards camp sessions.) I understand that there may be additional charges to change my child's schedule after camp begins.

Parent's Signature _____ Date: _____

Kids Are First Authorized Signature: _____ Date: _____

The Kids Are First Authorized Representative signature above confirms your camp registration.