

Camps are filled on a first come, first served basis.



Completed registration form and payment must be received to hold your child's spot.

## Little's Summer Camp Registration Form

check# \_\_\_\_\_  
 cash  online  
\$ \_\_\_\_\_  
Fee: \$ 80 per camp  
(excluding camp #1)

Camp(s) Name: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Parent/guardian \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone # \_\_\_\_\_ Phone # \_\_\_\_\_

Other Emergency Contact \_\_\_\_\_ Phone # \_\_\_\_\_

Other information we should know (food allergies? Medications?) \_\_\_\_\_  
\_\_\_\_\_

How will your child be getting home? \_\_\_\_\_

People authorized to pick up your child \_\_\_\_\_  
\_\_\_\_\_

How did you hear about us? \_\_\_\_\_

T-shirt size \_\_\_\_\_

**Please return completed form & payment to:**  
**The Kids Klub, Inc.**  
**506 South A Street**  
**Grangeville, ID 83530**

\*Class size is limited and filled on a first come, first served basis. You may also pay online at [www.thekidsklub.org](http://www.thekidsklub.org).

**Questions????**

**Call the Kids Klub ~**  
**983- 2285**

**Child must be a pre-k student**  
**(4 or 5 years old) & fully potty-**  
**trained.**

*In case of an accident or emergency I authorize the Kids Klub staff to take my child to the physician named below, or to the nearest emergency hospital for such emergency treatment and measures as are deemed necessary for the safety and protection of the child, at my expense.*

\_\_\_\_\_  
Signature of parent/ legal guardian

\_\_\_\_\_  
Date

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

*I give permission for my child's photo and first name to be used for Kids Klub, Inc.'s media purposes. This may include newspaper photos, web sites and brochures, etc.*

\_\_\_\_\_  
Signature of parent /legal guardian

\_\_\_\_\_  
Date