

Kentwood Overnight Camp

BROWARD COUNTY CAMPUS

Application Form 2009

Form online at www.kentwoodprepcommunity.com

How did you hear about our camp? _____

CAMPER INFORMATION:

Male / Female
Circle appropriate gender

Last Name First Name Middle Name

Street Address

City State Zip Code Phone ()

Date of Birth Summer Age Grade entering in September

MOTHER'S NAME

Name of Business

Home Street Address City State Zip Phone Cell () ()

Business Street Address City State Zip Phone Cell () ()

FATHER'S NAME

Name of Business

Home Street Address City State Zip Phone ()

Business Street Address City State Zip Phone ()

Who has legal custody of the camper during the time he/she is enrolled? _____

In whose care may we release the camper if parents cannot be located? _____

NAME >> _____ Home Phone >> _____ Business Phone >> _____

NAME >> _____ Home Phone >> _____ Business Phone >> _____

E-mail address _____

Persons NOT permitted to remove the camper:

MEDICAL INFORMATION

Special Health Concern/s _____

What are the symptoms? _____

What should be done? _____

MEDICATION: Permission to have Asperin or Tylenol. YES NO Maximum per day: _____

EMERGENCY CARE: As parent/guardian, I hereby give permission to Kentwood to seek and obtain emergency medical attention for the above camper when deemed necessary by Kentwood officials, and do hereby release Kentwood from any liability resulting from such attention.

Date: _____

Parent/Guardian Signature: _____

Dates

- Week 1: Jun 22 - Jun 26 Week 2: Jun 29 - July 3 Week 3: July 6 - July 10
 Week 4: July 13 - July 17 Week 5: July 20 to July 24, 2009

Check in time - Sunday June 21 (10am to 3pm)

Check out time - Saturday July 25th (10am to 3pm)

AFTERNOON ACTIVITY SELECTION

Please indicate the camper's interests by placing a check next to each activity he/she will enjoy participating in. Although your child will effectively participate in most of these activities, they are also not necessarily guaranteed and are contingent upon demand. Indicating what the camper enjoys serves to assist us in determining the most suitable program for your child.

- | | | | | |
|---|--------------------------------------|--------------------------------------|---|------------------------------------|
| <input type="checkbox"/> Bowling | <input type="checkbox"/> Shopping | <input type="checkbox"/> Fishing | <input type="checkbox"/> Horseback Riding | <input type="checkbox"/> Beach |
| <input type="checkbox"/> Boating | <input type="checkbox"/> Canoe Trip | <input type="checkbox"/> Cycling | <input type="checkbox"/> Arcade | <input type="checkbox"/> Laser Tag |
| <input type="checkbox"/> Batting Cages | <input type="checkbox"/> Mini - Golf | <input type="checkbox"/> Park / Walk | <input type="checkbox"/> Movies | <input type="checkbox"/> Go-Carts |
| <input type="checkbox"/> Roller Skate / Blade | <input type="checkbox"/> Ice Skate | <input type="checkbox"/> Swimming | <input type="checkbox"/> Amusement Park | <input type="checkbox"/> Billiards |

RATES

5 Week Overnight Program (Includes Day Camp) -----> \$ 6,300.00

1 Week - \$2750	2 Weeks - \$3800	3 Weeks - \$4725	4 Weeks - \$5700	5 Weeks - \$6300
Cost/week \$2750	Cost/week \$1900	Cost/week \$1575	Cost/week \$1425	Cost/week \$1140

- **Registration Fee** Before April 1st - \$50 After April 1st - \$150 After May 1st - \$250

- **Field Trip costs are calculated based on your child's selections of field trips as indicated above. Based on the demand for each trip, cost of trip will be determined, and calculated. The overnight camps cost does include all night activities and costs. The additional field trip costs are for afternoon field trips.**

An application fee of \$1000.00 is required to reserve a place for the camper. It is non-refundable and will be applied against the total due. All balances are due in full 3 weeks before the program commences. The total includes all expenses except for selected afternoon activities as listed above. All meals are included. Pocket money for field trips and personal expenses is not included.

Enclosed check for application (of \$1000.00) will apply to the basic fee. I agree to pay the balance at least 3 weeks before the program commences. I understand there is no refund for late arrival or early departure from camp, if camper is dismissed because of disciplinary action, if I withdraw my child from camp, if I do not use all/any of the weeks, or any reason whatsoever. I grant permission for my child to participate in any off campus trips. I also give permission to Kentwood to use its transportation on all adult supervised trips and release Kentwood from liability. I also grant the publication of any photos taken of my child during the period he/she is in attendance at Kentwood Summer Program.

Date: _____

Parent/Guardian Signature _____

Please turn over form and fill out other side of page.

**** Upon receipt of a signed application form and deposit, Kentwood will mail out additional forms for completion by parents or guardians, as well as more information pertaining to the camp schedule, activities, field trips etc.**

www.kentwoodprepcommunity.com
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