



**Kids Connection Schools
2017 Summer
Programs**

CAMP REGISTRATION FORM

Camper's Name: _____

Parents' Name(s): _____

Address: _____ City & Zip Code: _____

Phone: _____ E-Mail: _____

Age: (as of 6/19/17): _____ Grade child is entering in the fall: _____ Current school: _____

Name of siblings attending camp: _____

How did you hear about Kids Connection Summer Camp? _____

**Check weeks for which
you would like to
register**

Week	Dates	Check weeks for which you would like to register	Theme
1	6/19-6/23	()	Wonders of the World
2	6/26-6/30	()	Safari Adventures
3	7/3-7/7 (closed 7/4)	()	America the Beautiful
4	7/10-7/14	()	Kids in the Kitchen
5	7/17-7/21	()	Marine Biology
6	7/24-7/28	()	Discovering the Arts
7	7/31-8/4	()	Rainforest
8	8/7-8/11	()	Exploration Skills
9	8/14-8/18	()	Space
10	8/21-8/25	()	Multicultural Week

Please note that spots are given on a first come, first serve basis. In order to secure your child's spot, please return the deposit to the school along with this registration form. A separate form should be provided for each camper.

Parent Signature: _____ Date: _____

ACADEMIC. FUN. ADVENTUROUS.