



# 2017 SUMMER CAMP REGISTRATION

Mail Completed  
Application to:  
**Kids Are First**  
25 E. Church Street  
Sellersville, PA18960  
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 6/19 – 6/23	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Session 2 6/26 – 6/30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Session 3 7/3 – 7/7 Closed July 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Session 4 7/10 – 7/14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Session 5 7/17 – 7/21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Session 6 7/24 – 7/28	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Session 7 7/31 – 8/4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Session 8 8/7 – 8/11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Session 9 8/14– 8/18	<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 2016 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.*