



2018 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: _____

Home Address: _____ City: _____ Zip: _____

Best # to reach Mother: _____ Best # to reach Father: _____

Please enroll your child as indicated below. Please check boxes to indicate desired sessions, what days your child will be attending, what time they will attend (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 6/11 – 6/15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Session 2 6/18 – 6/22	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Session 3 6/25 – 6/29	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Session 4 7/2 – 7/6 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 5 7/9 – 7/13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Session 6 7/16 – 7/20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Session 7 7/23 – 7/27	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Session 8 7/30– 8/3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Session 9 8/6– 8/10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Session 10 8/13– 8/17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Session 11 8/20– 8/24	<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 2018 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.