



2024 SUMMER CAMP REGISTRATION

Mail Completed
Application to:
Kids Are First
25 E. Church Street
Sellersville, PA 18960
215-257-7344

Child's Full Name: _____ DOB: _____ Grade Completed: _____

Home Phone #: _____ Email Address: _____

Home Address: _____ City: _____ Zip: _____

Mother's Name: _____ Best # to reach Mother: _____

Father's Name: _____ 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, and whether or not you will need extended hours.

Week	Mon-Fri Full Week	M, W, F	T, Th	Extended Hours
Week 1 June 10-14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Week 2 June 17-21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Week 3 June 24-28	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Week 4 July 1-5 Closed July 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Week 5 July 8-12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Week 6 July 15-19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Week 7 July 22-26	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Week 8 July 29-Aug. 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Week 9 Aug 5-9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Week 10 Aug 12-16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I agree to pay for the above according to the 2024 camp tuition and payment schedules. Enclosed is my non-refundable \$55 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: _____