

Kinder Kamp Registration Form

Child's Name: _____

Child's Age: _____ Date of Birth: _____ Home Phone #: _____

Name of parent(s): _____

Street address: _____

City: _____ State: _____ Zip: _____

Mother's Cell Phone: _____ email: _____

Father's cell phone: _____ email: _____

Person(s) authorized to pick up child and/or contact in case of emergency, if neither parent is available:

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Address: _____

Address: _____

Home Phone #: _____

Home Phone #: _____

Cell Phone #: _____

Cell Phone #: _____

Email Address: _____

Allergies/medical info/other concerns: _____

Children **MUST** be potty-trained.

* Universal Child Health Record and Immunization Record must be submitted before your child starts camp.

Please visit <http://www.cfnurseryschool.org> to download the form.

**Registration and Fees are non-refundable.

**Days will NOT be made up.

Please make checks payable to: **CFCKK**.

Parent's Signature

Date

For Office Use Only:

Check #: _____

Amount: _____

Date Received: _____

Reg Fee _____

Circle weeks your child will be attending

Wk1, Wk2, Wk3, Wk4, Wk5, Wk6

Days - Circle One

3 or 5

Kinder Kamp 2019

888 Stuyvesant Avenue
Union, NJ 07083
(908) 964-8544

Ages 3 -5 years old

June 17 - June 21, 2019

June 24 - June 28, 2019

July 1, 2 & 3, 2019

July 9 - July 12, 2019

July 15 - July 19, 2019

July 22 - July 26, 2019

Half Day - 9:00 a.m. to 1:00 p.m.

Lunch will be served
(lunch must be provided by parent)

Special Programs!
Fun and Engaging Thematic Units!
Sprinkler Days!
Full Size Gym & Outdoor Playground!
Snack Provided!
Certified & Licensed Staff!

Choose How Many Days Per Week

3 Half Days per Week - \$95.00

(Tues, Weds, Thurs)

5 Half Days per Week - \$150 per full week

One time registration fee of \$30.00 and 1 week
tuition payment due at the time of registration

Register by: June 1, 2019
Limited Space Available!