



Summer Camp



786 Amsterdam Ave, 5N
New York, NY 10025
646 485 5123
kidscreative.org

Kids Creative's Create-A-Play Summer Camp 2008 Application June 30-August 8, 2008

Student Information:

Last Name: _____ First Name: _____ Birth Date: _____

Address: _____ Zip: _____ Phone: _____

School Currently Attending: _____ Grade Fall '08: _____

Past Kids Creative/Create-A-Play Programs Enrolled In: _____

Parent/Guardian Information:

Parent/Guardian #1: _____ Parent/Guardian #2: _____

Best Phone #: _____ Best Phone #: _____

Alternate Phone: _____ Alternate Phone: _____

Email: _____ Email: _____

Additional Emergency Contact: _____

Relationship: _____ Phone: _____

The following adults are authorized to pick up my child (if different than above):

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

You have the responsibility to inform us if someone is not legally permitted to pick up your child or if someone other than those listed above is picking up your child.

My child is authorized to go home alone: Yes/No Parent Signature _____

How did you hear about us? _____

Cost: \$2,400 for 6 weeks (includes recording a free CD)

Register by February 1, 2008 and receive a \$200 discount!

Refer a friend who registers for a \$100 discount and siblings receive a \$200 discount!

(Sorry, no double discounts)

Scholarships available for qualified families – see form on reverse side

Important: If you are applying for a scholarship, you must fill out the form on the reverse side

Please return this form with tuition by cash or check made payable to:

Kids Creative 404, Inc., 786 Amsterdam Ave, 5N, New York, NY 10025

Pay by credit card online at www.paypal.com - Payee info@kidscreative.org

Questions? Call: 646-485-5123 or Email info@kidscreative.org

Kids Creative's Create-A-Play Summer Camp Scholarship Form

This application must be accompanied by your most recent tax return or W2

Student's Name: _____

Does your child receive a scholarship for school? Yes _____ No _____ Not Applicable _____

Does your child receive a reduced or free lunch? Yes _____ No _____ Not Applicable _____

Parent Guardian Information:

We must have information for all parents/guardians in order to process your request

Parent Guardian #1: _____ Address: _____

Phone: _____ Email: _____

Occupation: _____

Place of employment: _____ Length of employment: _____

Parent Guardian #2: _____ Address: _____

Phone: _____ Email: _____

Occupation: _____

Place of employment: _____ Length of employment: _____

Household Information:

Number of dependants: _____

Name _____ Age _____ Relationship _____

School/Employer _____

Name _____ Age _____ Relationship _____

School/Employer _____

Name _____ Age _____ Relationship _____

School/Employer _____

Financial Information:

Gross Annual Income 2007: \$ _____

Sources of Income: Employment__ Public Assistance__ SSI__ Disability__ Other__

I am requesting a tuition reduction for the following reasons:

Kids's Creative's Summer Camp tuition is \$2,400. I believe I can afford: \$ _____

I certify that all information listed here is true and accurate to the best of my knowledge:

Parent/Guardian Signature: _____ Date: _____

This application cannot be reviewed without your most recent tax return or W2.

Kids Creative 2008 Create-A-Play Summer Camp Medical Form

Last Name: _____ First Name: _____ Birth Date: _____ Sex: _____

Parent or Guardian Name: _____ Phone #: _____

Home Address: _____ City: _____ State: _____ Zip: _____

If not available in an emergency, notify

Name: _____ Phone #: _____ Relation: _____

Health History (check all that apply, giving approximate dates where indicated):

<u>Allergies</u>		Date:
Ear infections <input type="checkbox"/>	Asthma <input type="checkbox"/>	Mononucleosis <input type="checkbox"/> _____
Heart defect/disease <input type="checkbox"/>	Hay fever <input type="checkbox"/>	Chicken pox <input type="checkbox"/> _____
Convulsions <input type="checkbox"/>	Insect sting <input type="checkbox"/>	Measles <input type="checkbox"/> _____
Diabetes <input type="checkbox"/>	Penicillin <input type="checkbox"/>	Mumps <input type="checkbox"/> _____
	Other <input type="checkbox"/> _____	

Operations or serious injuries (dates): _____

Dietary modifications: _____

Current medications (send with instructions): _____

Other conditions or details of above: _____

Name of Physician: _____ Phone: _____

Date of last physical examination: _____

Suggestions or health related information for camp personnel:

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted.

Signature of parent or guardian: _____ Date: _____



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Kids Creative's Create-A-Play Summer Camp

TERMS AND CONDITIONS, Summer 2008

For participation in Create-A-Play Summer Camp ("Program"), I understand and agree:

- 1) That the application and other forms and any fees must be submitted prior to my child's participation in the Program;
- 2) That the Program requires my child to meet certain standards of behavior and that if my child fails to behave or demonstrates repeated unsatisfactory conduct, the Program has the right to dismiss my child from the Program;
- 3) That if my child is not picked up by 5:30 PM, I agree to pay lateness fees according to Program policy, and that my child, in accordance with Department of Education policy, may be taken to the local Police Precinct in the event no one is available to supervise my child after 5:30 PM;
- 4) That if my child is injured and requires medical attention and I cannot be reached for instructions, I do hereby give authority to Kids Creative to obtain necessary emergency medical treatment for my child with the understanding that the family will be notified as soon as possible;
- 5) That during the Program, my child may be photographed, recorded and/or videotaped by Kids Creative personnel or its authorized agents exclusively for internal and/or promotional use;
- 6) That all characters, music, recordings and any other intellectual property created in the Program are the sole property of Kids Creative 404, Inc. I understand that Kids Creative 404, Inc. may use or reproduce any and all material created in any Kids Creative program in future Kids Creative 404, Inc. endeavors;
- 7) That the Program may involve trips outside the school building supervised by Kids Creative staff. I give my child permission to go on any such trips organized as part of the Program, including (but not limited to) neighborhood libraries, parks, museums, and other schools;
- 8) That in consideration of conducting the Kids Creative Create-A-Play Summer Camp and by allowing my child to participate in such program, I hereby release and forever discharge Fordham University, the National Center for Schools and Communities and Kids Creative 404, Inc., and its officers, board, volunteers, employees, contractors, and agents from any liability arising out of or based upon any bodily injury or property damage which may be sustained by my child while participating in such program;

Child's Name _____

Parent/Guardian Signature _____ Date _____