

# KUM SUNG SUMMER DAY CAMP ENROLLMENT FORM

## CHILD INFORMATION:

Name \_\_\_\_\_ (First) \_\_\_\_\_ (Last)  
 Gender: Male \_\_\_\_\_ or Female \_\_\_\_\_ Birth Date \_\_\_\_\_ Age: \_\_\_\_\_  
 Email address: \_\_\_\_\_

## CUSTODIAL PARENT OR GUARDIAN INFORMATION:

Name \_\_\_\_\_ (First) \_\_\_\_\_ (Last)  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Home# \_\_\_\_\_ Work# \_\_\_\_\_ Cell# \_\_\_\_\_

Drop Off Time
:
Pick up Time
:

## SECOND PARENT INFORMATION:

Name \_\_\_\_\_ (First) \_\_\_\_\_ (Last)  
 Address (if different from above) \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Home# \_\_\_\_\_ Work# \_\_\_\_\_ Cell# \_\_\_\_\_

From Brick Transportation (Circle one)
AM: YES   NO
PM: YES   NO

## AUTHORIZED PICK UP INFO:

- |    |            |                    |              |
|----|------------|--------------------|--------------|
| 1. | Name _____ | Relationship _____ | Phone# _____ |
| 2. | Name _____ | Relationship _____ | Phone# _____ |
| 3. | Name _____ | Relationship _____ | Phone# _____ |

**IF NOT AVAILABLE IN AN EMERGENCY, NOTIFY,** Name \_\_\_\_\_  
 Relationship \_\_\_\_\_ Phone # \_\_\_\_\_  
 Address \_\_\_\_\_

## PAYMENT INFORMATION: (Trips are \$30 trip extra & includes Lunch)

\*\*\* IPLAY AMERICA TRIPS ARE \$50.00 EXTRA & INCLUDES LUNCH\*\*\*

*Enrolled Sessions* (Circle weeks applicable): ALL 11 WEEKS or  
 6/19---6/26---7/3---7/10---7/17---7/24---7/31---8/7---8/14---8/21---8/28

*Enrolled Days* (Circle the day(s) applicable): (NO MAKE UP DAYS AVAILABLE)  
 ALL---Monday---Tuesday---Wednesday---Thursday---Friday  
 (Price for 4 days is same as for the whole week.)

*Costs (excludes field trip fees)*  
 Per Child      One Day \$65      Two Days \$105      Three Days \$135      Four/Five Days \$165

**\*Registration Fee \$50.00 Deposit \_\_\_\_\_**

Total Payment Amount (calculated as follows)  
 \_\_\_\_\_ X \_\_\_\_\_ = \_\_\_\_\_ + REG. FEE \$50.00 = \_\_\_\_\_  
 # of Weeks      \$ per Days      Total      Grand Total

## PAYMENT PLAN

Date	Amount	Date	Amount	Date	Amount
1. _____	_____	5. _____	_____	9. _____	_____
2. _____	_____	6. _____	_____	10. _____	_____
3. _____	_____	7. _____	_____	11. _____	_____
4. _____	_____	8. _____	_____	12. _____	_____

**Credit Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_**

**Authorized Signature: X \_\_\_\_\_ Date \_\_\_\_\_**

No Refund or Credit will be given for missing days without an advance written notice unless accompanied by a doctor's note. No Refund or Credit will be given for July 4<sup>th</sup>.

**MEDICAL INFORMATION:**

Doctor's Name \_\_\_\_\_ Dentist Name \_\_\_\_\_  
Phone # \_\_\_\_\_ Phone # \_\_\_\_\_

**INSURANCE INFORMATION:**

Insurance Company Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone # \_\_\_\_\_ Policy # \_\_\_\_\_

**ALLERGIES** List all known. Describe reaction and management of the reaction.

Medication allergies (list)  
\_\_\_\_\_  
\_\_\_\_\_

Food Allergies (list)  
\_\_\_\_\_  
\_\_\_\_\_

Other Allergies (list) – include insect stings, hay fever, asthma, animal dander, etc.  
\_\_\_\_\_  
\_\_\_\_\_

**MEDICATIONS BEING TAKEN: WE DO NOT ADMINISTER ANY MEDICATION!**

Please list ALL medications (including over-the-counter or nonprescription drugs) taken routinely. Attach additional pages for more medications.

<i>Med #1</i>	<i>Reason for taking</i>	<i>Med #2</i>	<i>Reason for taking</i>
_____	_____	_____	_____

**RESTRICTIONS** (The following restrictions apply to this individual)

\_\_\_\_\_  
\_\_\_\_\_

**EXISTING MEDICAL CONDITIONS**

Use this space to provide any additional information about the participant's behavior and physical, emotional, or mental health about which the program should be aware.

\_\_\_\_\_  
\_\_\_\_\_

**IMMUNIZATION** (Please give date for last immunization for)

<i>Date</i>	<i>Vaccine</i>	<i>Date</i>	<i>Vaccine</i>
_____	DTP	_____	Measles (hard or red measles or rubeola)
_____	Rubella	_____	TD (tetanus/diphtheria)
_____	Tetanus	_____	Haemophilus influenza B
_____	Polio	_____	Varicella Zoster
_____	Hepatitis B		

Which of the following has the participant had?  
\_\_\_\_\_ Measles \_\_\_\_\_ Chicken Pox \_\_\_\_\_ German Measles \_\_\_\_\_ Mumps \_\_\_\_\_ Hepatitis

**Permission to Provide Necessary Treatment or Emergency Care:**

I hereby give permission to the medical personnel selected by the program director to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the program director to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of facility.

Kum Sung reserves the right to dismiss a child from camp whose special needs we are not able to meet or whose conduct is not in the best interests of the program.

Kum Sung is granted the right to use any and all pictures taken of afterschool activities in their publication of materials for promotion of Kum Sung activities.

\*Registration Fee is not refundable for any cancelations or refund requests.

Believing my child is qualified for afterschool program, I give permission for my child to take part in all activities. I agree to place him/her in care of the afterschool program, subject to all its rules and regulations. I understand the nature and purpose of the camp activities and I am aware that any strenuous physical activity involves risks. Accordingly, I release, discharge, absolve, and hold harmless the Kum Sung Martial Arts and K.S. Fitness Center, their agents and employees, and instructors, from any and all liability arising out of any accident, injury, or loss sustained by my child as a result of activities at or present in the facility except for accidents, injuries or losses sustained as a result of gross negligence and willful misconduct of the facility. I agree to waive any and all claims against persons connected with Kum Sung Martial Arts and KS Fitness Center.

**I declare to the best of my knowledge my answers are true, correct and complete.**

**Parent Signature:** X \_\_\_\_\_ **Date:** \_\_\_\_\_