



Kinderhaus Summer Camp Registration Form

Child's Name _____

Child's Birth Date _____

Address _____

Email Address _____

Parent/Emergency Contact Name _____ Phone _____

Parent/Emergency Contact Name _____ Phone _____

Medical Info / Allergies / Current Medications:

Name of Doctor _____ Phone _____

* * * * *

Please mark which week(s) your child will attend:

_____ Week 1 - August 6-10 _____ Week 2 - August 13-17

Camp runs Monday through Friday, 9:00-12:00. A homemade snack will be provided each day.

Cost of camp is \$100/week. Return paperwork and payment by June 1 for the Early Bird rate of \$90/week.

Please return the **Registration** and **Consent** forms along with **Payment** to:

Kinderhaus
PO Box 114
Decorah, IA 52101



Kinderhaus Summer Camp Consent Form

I _____, give permission to the volunteers or employees of Kinderhaus to apply sun block and ointment to my child as deemed necessary.

I give permission to the volunteers or employees of Kinderhaus to take my child on walks/field trips within 2 miles of the Kinderhaus center.

I give permission to the volunteers or employees of Kinderhaus to administer first aid procedures or obtain emergency medical attention or surgery if the situation requires immediate care for my child. I agree to pay all the costs and fees contingent on any emergency medical care and/or treatment for my child as secured or authorized under this consent.

As a parent/guardian of participant(s) in this program(s)/activities, I recognize and acknowledge that there are certain risks of physical injury. I agree to waive and relinquish any and all claims I or my child/ward may have as a result of participating in these program(s)/activities against Kinderhaus or the independent contractors, volunteers, property owners, board members, and employees associated with Kinderhaus.

_____/_____/_____
Signature of Parent/Guardian Date