



Kinderhaus Summer Camp Registration Form - 2021

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) you would like your child to attend:

___ **Week 1: July 26 - 30** ___ **Week 2: August 2 - 6** ___ **Week 3 August 9 - 13**

Camp runs Monday through Friday, 9:00-12:00 out of Kinderhaus (701 Iowa Ave). Children will need to bring their own snack (no nuts), water bottle, and sun hat. Please apply sunscreen on your child before camp. In the event of severe weather (thunderstorms or severe heat) and space restrictions inside, camp may have to cancel that day and will resume the following day.

Cost of camp is \$100/week. Registration will be closed July 19th. If your child is on the waitlist for any weeks of camp, the cost of that week will be returned to you - to be paid again prior to the beginning of camp if your child is able to join for that week of camp. Payments can be made via check, cash, or paypal (on our website under Charitable Giving).

Please return the **Registration** and **Consent** forms along with **Payment** to one of the following: the clear small drop-box tub located on the northside of Good Shepherd Lutheran Church, scanned and emailed to info@kinderhausdecorah.com, or mailed 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 understand that camp may be canceled on a daily basis due to severe weather and indoor restrictions and that I will not receive a refund.

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

I give Kinderhaus permission to:

YES NO -use photographs of my child in projects/shared albums created for the current Kinderhaus families.

YES NO -release my child's name and photograph to the news media for publicity of Kinderhaus.

YES NO -use photographs of my child on Kinderhaus public materials: printed materials, website, and Facebook.