Kimber's Reading Express Camp Application

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Child's Name:	
Parent's name:	
Address:	
Home Phone:	Cell Phone:
Email:	
Current GradeSchool Attending Pro	esently:
How did you hear about the program?	
Does your child have any allergies? If so, plea	ase specify:
My child is permitted to have candy/treats dur	ring camp sessions.
YES	NO, please do not give my child any candy or treats.

Please turn over & complete the other side

1)	
2)	
)	
,	, authorize Kimber's Reading
xpress LLC to request medical treatmen	nt if unable to reach parent/guardian.
	, give my permission to
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