

# ***Kimber's Reading Express Camp Application***

**Session:**\_\_\_\_\_

Child's Name:\_\_\_\_\_

Parent's name:\_\_\_\_\_

Address:\_\_\_\_\_

Home Phone:\_\_\_\_\_ Cell Phone:\_\_\_\_\_

Email:\_\_\_\_\_

Current Grade \_\_\_\_\_ School Attending Presently:\_\_\_\_\_

How did you hear about the program?\_\_\_\_\_

Does your child have any allergies? If so, please specify:

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My child is permitted to have candy/treats during camp sessions.

\_\_\_\_\_YES \_\_\_\_\_NO, please do not give my child any candy or treats.

**Please turn over & complete the other side**

Emergency Contacts (name & phone #)

1) \_\_\_\_\_

2) \_\_\_\_\_

I, \_\_\_\_\_, authorize Kimber's Reading Express LLC to request medical treatment if unable to reach parent/guardian.

I, \_\_\_\_\_, give my permission to

Kimber's Reading Express, LLC to post pictures of my child, \_\_\_\_\_, on Social Media ( i.e. Facebook, Twitter, & Kimber's Website). I understand that names of the individuals will NOT be used.

**Full payment is required to secure your post. Payment is non-refundable. Missed classes will not be refunded nor pro-rated.**

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_