



CAMPER'S FIRST NAME CAMPER'S LAST NAME BIRTH DATE

HOME ADDRESS, CITY, STATE, ZIP

PARENT NAME E-MAIL WORK PHONE CELL

PARENT NAME E-MAIL WORK PHONE CELL

CAREGIVER CELL EMAIL

EMERGENCY CONTACT CELL EMAIL

ALLERGIES (All information will be kept confidential)

PHYSICAL DISABILITIES and/or DEVELOPMENTAL ISSUES (All information will be kept confidential)

ENROLL MY CHILD IN THE FOLLOWING SESSION(S)

Table with 3 columns: SESSION, DATE, TUITION. Rows include SPRING BREAK (APRIL 10-14, \$500) and SUMMER CAMP (JUNE 12-SEPTEMBER 1, \$500 per week).

*Deposit of \$500 is required with the application. The balance is due one month prior to start date. Cash or check. Checks payable to KidVentures NYC

*Please send completed registration form and payment to: KidVentures NYC – ATTN: Eve Bolla, 194A 22nd Street, #1, Brooklyn, NY 11232

Check preferred drop-off and pick-up location

___ Park Slope, Union St. & 4th Avenue ___ Brooklyn Heights, Borough Hall Steps (209 Joralemon St.)

Waiver Release: The undersigned parent releases Eve Bolla from any and all liability, loss, damage, costs, claims and/or causes of action, including but not limited to all bodily injuries arising out of participation in KidVentures NYC LLC for Kids classes.

*Activity fees, project materials and snacks included.

*There are no make-up sessions. Refunds are not given for absences, changes, or withdrawals.

Parent's signature

Date

www.KidVenturesNYC.com ~ KidVenturesNYC@gmail.com