

Are you currently employed by or a currently a student of the NOBTS seminary? Yes  No

Has your child ever attended Camp NOLA Kidz before? \_\_\_\_\_ If yes, when? \_\_\_\_\_

### Child's Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Birth Date: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Grade Completed: K 1 2 3 4 5 6 7 8 Sex: M F

Allergies: \_\_\_\_\_ Daily Medication: \_\_\_\_\_

T-shirt size (circle one): Youth Sm Youth Med Youth Lg Adult Sm Adult Med Adult Lg Adult XL

### Parent / Guardian Information

**\*Primary Contact Name:** \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
(person responsible for payment)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-mail: \_\_\_\_\_

Cell #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Pager #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Secondary Contact Name:** \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-mail: \_\_\_\_\_

Cell #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Pager #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

The Camp NOLA Kidz staff is extremely conscientious about releasing children to appropriate individuals. We have found it necessary to deny access on several occasions to individuals because we did not have parental permission to release children. In addition to the above named contacts please indicate persons we may release your child to.

| Name  | Home #               | Other #              | Relationship to Child |
|-------|----------------------|----------------------|-----------------------|
| _____ | (____) _____ - _____ | (____) _____ - _____ | _____                 |
| _____ | (____) _____ - _____ | (____) _____ - _____ | _____                 |
| _____ | (____) _____ - _____ | (____) _____ - _____ | _____                 |

Please circle the week(s) that you wish to register your child:

May 30-June 3    June 6-June 10    June 13-June 17    June 20-June 24    June 27-July 1    July 5-July 8  
July 11-July 15    July 18-July 22    July 25-July 29    August 1-August 5

Daycamp Hours: 7:30am-3:00pm

Aftercare Hours: 3:00pm-5:30pm

| Fee Schedule   | Registration     | Weekly Tuition  | Aftercare Tuition               |
|--|------------------|-----------------|---------------------------------|
| <b>*We do not prorate.</b>                                 | (non-refundable) |                 |                                 |
| <b>Seminary</b> (checked <b>yes</b> to the first question) | \$50 per child   | \$55 per child  | \$15/week or \$5/day per family |
| <b>Community</b> (checked <b>no</b> to first question)     | \$50 per child   | \$110 per child | \$20/week or \$5/day per family |

I hereby certify that we agree to abide by the policies and procedures in the Camp NOLA Kidz Handbook. We also hereby authorize the Camp NOLA Kidz to:

- Care for our child during the time he/she is at camp.
- Secure emergency medical care for our child in case of inability of the camp to reach us.
- Require payment for the weeks I have registered my child. I realize that I am responsible for payment for the weeks I signed my child up for camp.
- Include pictures of my child in promotional material for NOLA Kidz.

**Parent Signature:** \_\_\_\_\_ Date: \_\_\_\_\_

Please return application with check or money order for \$50 Registration Fee to:

NOBTS Camp NOLA Kidz    3939 Gentilly Blvd. Box 406    New Orleans, LA 70126

For Office Use Only:  NOBTS ID. #: \_\_\_\_\_  Billed registration fee: (date) \_\_\_/\_\_\_/\_\_\_  
 Pick-up list  Allergies