

Are you currently employed by or a currently a student of the NOBTS seminary? Yes No **PRE-K**

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: _____ Pre K (4 yr) / (5yr) Not completed Kindergarten 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

Day camp Hours: 7:30am-3:00pm

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

Fee Schedule	Registration	Weekly Tuition	Aftercare Tuition
*We do not prorate.	(non-refundable)		
Seminary (checked yes to the first question)	\$50 per child	\$55 per child	\$15/week or \$5/day per family
Community (checked no 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 I.D. #: _____ Billed registration fee: (date) ___/___/___
 Pick-up list Allergies