



Christ the King Catholic School
Heart, Mind, Spirit

2017 REGISTRATION

REGISTRATION FORMS TO BE RETURNED BY 04/28/17

Day Camp 2017 Sessions

**I am registering for
this session**

	Dates	Theme		
1	June 26 – June 30	Take A Bow (Stone Soup Theater)	Yes	No
2	July 5 – July 7 (This is only a 3-day session for \$150)	Party in the USA	Yes	No
3	July 10 – July 14 ___ Yes, I can drive	A Camping We will Go	Yes	No 3-day or 5-day
4	July 17 – July 21	Mad Scientists	Yes	No 3-day or 5-day
5	July 24 – July 28 ___ Yes, I can drive	Space is the Place	Yes	No 3-day or 5-day
6	July 31 – Aug. 4	Vacation Bible School	Yes	No
7	Aug. 7 – Aug. 11 ___ Yes, I can drive	Kids-n-Bricks (Engineering)	Yes	No 3-day or 5-day
8	August 14 – Aug 18	Get Cookin'	Yes	No 3-day or 5-day
9	August 21- Aug. 25 ___ Yes, I can drive	Gym Class Heroes (Sports and Games)	Yes	No 3-day or 5-day



Christ the King Catholic School
Heart, Mind, Spirit

Camper Information:

Camper's Name _____ Likes to be called _____

Gender M F Birthday ___/___/___

Age this summer ___ Grade in Fall 2017 _____


School: Christ the King _____ / Parish: Same _____

T-shirt size (request) Child S Child M Child L Adult S Adult M Adult L

Primary Parent/Guardian

Name _____ Relationship to camper _____


Address _____ City _____ State ___ Zip _____

 Cell/Primary (____)____-____ Email _____

Secondary Parent/Guardian


Name _____ Relationship to camper _____

Address _____ City _____ State ___ Zip _____


 Cell/Primary (____)____-____ Email _____

Emergency Contact (if parents cannot be reached)

#1: Name _____ Relationship to camper _____

 Cell (____)____-____ Work /Home (____)____-____ Email _____

#2: Name _____ Relationship to camper _____

 Cell (____)____-____ Work /Home (____)____-____ Email _____



Christ the King Catholic School
Heart, Mind, Spirit

Basic Health Information (feel free to use an additional paper if necessary)

ADD/ADHD Asthma Epilepsy/Seizures Vegetarian Food Allergies Other

Explain _____

Authorized Signature (required for registration)

To the parent/guardian: Your signature indicates approval of the following.

My child has permission to take part in the activities of Christ the King Day Camp, including special trips. In emergencies he/she may be treated by a doctor. Should medical attention be required for my child, other than provided by camp coverage, I will pay the expenses incurred. A complete health history will accompany my child to camp. I consent for Christ the King to use photographs and/or video taken of my child, whose name appears in this registration, for camp/school/parish promotional purposes.

Parent/guardian signature _____ Date _____

Payment Information

The rate is \$250 per 5-day session and \$150 per 3-day session. This includes a Christ the King Day Camp t-shirt, daily activities and a field trip and or guest expert related to the week's theme. If you need financial assistance, please contact Dianna Portolese (dportolese@ckseattle.org). This year we are excited to offer a \$25 discount if you have more than one child attending day camp (\$450/week for 2 campers, rather than \$500).

A \$50 deposit is required for each session and is due with registration. The deadline to register is May 5, 2017. The remainder of your payment is due two weeks before the session begins. Please make checks out to Christ the King Catholic School.

Number of sessions being registered for [_____] x \$50 = Deposit Due \$_____



Christ the King Catholic School
Heart, Mind, Spirit

***** It is important to fill out this form in order to be registered for day camp this summer, even if you have already returned an 'intent to register'. Without this official registration form your child will not be signed up for day camp. *****

If you have any questions please email: dportolese@ckseattle.org