

**ALL RECEIPTS MUST BE REQUESTED AT TIME OF COUPON PURCHASE.
Entire card must be filled out, even if you are not planning to use EDC during summer.**

**Kimber Hills Academy
Summer Enrichment Registration Card**

LAST NAME of child(ren)

For office use only	
Reg rec'd (date) _____	Initials _____
Amount _____	<input type="checkbox"/> Cash <input type="checkbox"/> Check # _____

List ALL your children in Day Camp:

Child's First Name	Grade Completed	Address
_____	_____	Street _____
_____	_____	City _____ Zip _____
_____	_____	Phone (_____) _____
_____	_____	

Health Restrictions _____

Allergies to Medicine _____ Other Allergies _____

Physician's Name _____ Phone (_____) _____

Dentist's Name _____ Phone (_____) _____

In a medical emergency, when a parent or guardian cannot be reached immediately, KHA may choose a health care facility. I understand KHA is not responsible for the student's medical charges. Yes No

Signature _____ Date _____

Please turn card over and complete other side



LAST NAME of child(ren)

**Kimber Hills Academy
Summer Extended Day Care (EDC) Authorization Form**

Please Print

Child's Name	Grade Completed
_____	_____
_____	_____
_____	_____

For office use only	
Reg rec'd (date) _____	Initials _____
Amount _____	<input type="checkbox"/> Cash <input type="checkbox"/> Check # _____

Please print

All Parent(s)/Guardian Name(s)	Work Phone	Home Phone	Cell Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list any additional person(s) authorized to pick up your child(ren). **In the event you are delayed after 6:00 p.m.** and cannot be reached, who would you like us to contact?

Name _____	Relationship _____	Phone # _____
Name _____	Relationship _____	Phone # _____
Name _____	Relationship _____	Phone # _____
Name _____	Relationship _____	Phone # _____

This list must coincide with the emergency information on the back!



In case of emergency, contact:

	Work Phone	Home Phone	Cell Phone
Mother _____	_____	_____	_____
Father _____	_____	_____	_____
Legal Guardian _____	_____	_____	_____

If unable to contact parents/guardian, please call:

Name _____ Relationship _____ Phone (_____) _____

Names of persons authorized to take child from campus:

Name:	Relationship:	Phone:
_____	_____	(_____) _____
_____	_____	(_____) _____
_____	_____	(_____) _____
_____	_____	(_____) _____

**Kimber Hills Academy
Extended Day Care (EDC)
Authorization Form**

This form is used for verification of authorization to pick up your child(ren) from EDC. It is also an important reference for contacting you in case of an emergency. Please be sure that parent(s)/guardian names and numbers are kept current throughout the program. Include pager numbers if applicable. Temporary/daily special pick up arrangements must be **submitted on a signed note**. All children not picked up from carline are automatically booked into EDC and **late fees charged**.

EDC closes at 6:00 pm SHARP every day. Late fees are \$10 every minute starting at 6:01 pm.

Please be prepared to show picture I.D. whenever you, or anyone you've authorized, comes to pick up your child(ren) from EDC.

Parent/Guardian Signature _____ Date _____

Please print _____

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