



123 S. Carmalita Street Hemet, CA 92543
Youth Museum (951) 765-1223 Fax: (951) 765-1253 www.kidzone.org

KidZone Spring Fling Week Day Camp 2008 Registration Form

Information:

Name of child (a separate form must be filled out for each child attending camp)

Parent/Guardian _____

Address _____ City _____ State _____

Zip _____ Day/Emergency Phone (we must have a number to contact you at all times while
child is attending camp)

Day Phone _____ Eve Phone _____

E-mail _____ Age & School Grade _____

Camp Cost is \$50.00 per week for members and qualifying income,
\$75.00 per week for non-members

Monday, February 18 – Friday, February 22nd:

I am a KidZone Member _____

I qualify for the low-income discount (Please attach separate income form) _____

I am a Non-member _____

Food allergies/restrictions _____

Medical alerts (asthma, diabetes, etc) _____

One Week of camp _____

Total days of camp: _____

Total Due: _____

Paid by: _____

Please mail or drop off to KidZone: 123 S. Carmalita St., Hemet. CA 92543. You may also submit an electronic copy to: kidzoneym@yahoo.com

Registration at Spring Fling camp is not guaranteed until full payment has been made. A signed waiver & release must accompany this application in order to be considered for registration. Camp is available per day only. Missing days/hours the week of your child's camp will not result in any refund. Full payment & registration form must be received by the beginning of camp. Payments may be made over the phone, and electronic copies of forms can be submitted or received for your convenience.

I have read and understand the above: _____