



**Kampala
Community
International
Preschool**

2018 KCIP Kid's Camp Registration Form

Please email forms to kcipcamp@kcipreschool.com or return to our campus at Plot 7 Makajja Close, Naguru, Kampala, Uganda

Camp is held on our campus at the above address

Child Information

Child's First Name *(Please print clearly on the line above)*

Last Name

Sex M F

Date of Birth DD/MM/YY

Camper must be 2 as of 1st July, 2017

Current School/Daycare

Is your child enrolled at KCIP Y
for the 2018/19 school year? N

Parent/Guardian Information

First Name

Last Name

First Name

Last Name

Address

Address

Employer

Employer

Mobile Number

Mobile Number

Email Address

Email Address

Emergency Contacts *(other than parent/guardian)*

Name

Relation to child

Mobile Number

Name

Relation to child

Mobile Number

Name

Relation to child

Mobile Number

Please list any other person authorized to pick your child from camp that is not registered on this form:

Name

Name

Camp Registration

Discovery Camp

Week	Dates	Please tick
1	2nd July-6th July	
2	9th July-13th July	
3	16th July-20th July	
4	23rd July-27th July	
5	30th July-3rd August	

How did you find out about our camp?	
Word of mouth	Facebook
Website	Other: _____ _____

Please tell us, in full, about *any* medical/health, and or/developmental or behavioral conditions, and any other pertinent information that might aid in the enhancement of your child’s camp experience. Use a separate sheet of paper if necessary. We strive to care for children with various needs, but we need your full input to succeed.

Please list all allergies, current medication(s), inhalers, etc. Please note that if your child requires an emergency allergy kit (i.e. epipen, inhaler, etc.) you must supply medication labeled with your child’s name and detailed

Permission and Liability Waiver:

My child, _____, has permission to fully participate in KCIP Kid’s Camp activities during the 2017 camp. I, as parent/guardian, do hereby grant KCIP Kid’s Camp staff the right to authorize medical treatment for my child in the event that I or my designated representative cannot be reached. I agree to hold harmless KCIP Kid’s Camp and its agents from liability resulting from an accident.

I hereby grant permission for staff to take whatever steps may be necessary to obtain emergency treatment for my child. These steps may include, but are not limited to, the following:

1. In a life-threatening emergency or urgent situation, staff will call nearest ambulance service before contacting parents.
2. For a non-life threatening emergency, we will attempt to call the parent/guardian first, if we cannot reach them, we will attempt to contact the Emergency contacts listed. If we cannot make appropriate contact, we will call ambulance or the nearest hospital.

I have read and understand all policy and procedural information, including health, payment and cancellation policies.

Signature Parent/Guardian

Date

Director

Date