

SUMMER CAMP REGISTRATION FORM

1. OVERVIEW & CAMP MISSION

Welcome to Our Summer Camp! Our summer camp provides an enriching, fun, and safe environment for young campers. This form is designed to collect essential information about your child, helping our team create a personalized camp experience.

Camp Details

Camp Name:	COOL KIDZ ACADEMY
Location:	4370 Cranwood Pkwy Suite B Warrensville Heights, OH 44128
Dates:	06/02/2026-08/03/2026
Age Groups:	5-7, 8-10, 11-12
Camp Hours:	8 AM To 4 PM
Meals & Snacks:	<input checked="" type="checkbox"/> Provided daily with dietary accommodations <input type="checkbox"/> Not Provided
Required Items:	A Positive & Cool Attitude!

Please complete this form carefully to ensure the best experience for your child! All information is confidential and used solely for camp preparation and safety.

2. CHILD INFORMATION

Please complete all fields below. Accurate information helps us plan age-appropriate activities and accommodations.

Field	Detail/Instruction
Full Name:	
Preferred Name/Nickname:	
Date of Birth (DD/MM/YYYY):	
Age:	
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other:
School/Grade Level:	
Home Address:	
City:	
State/Province:	
Postal/Zip Code:	
Country:	
Primary Language:	

Interests & Hobbies: *(Helps us plan personalized activities)*

Area	Details (Check all that apply)			
Sports:	<input type="checkbox"/> Soccer	<input type="checkbox"/> Basketball	<input type="checkbox"/> Swimming	<input type="checkbox"/> Other:
Arts & Crafts:	<input type="checkbox"/> Drawing	<input type="checkbox"/> Painting	<input type="checkbox"/> Sculpture	<input type="checkbox"/> Other:
Science & Exploration:	<input type="checkbox"/> Nature	<input type="checkbox"/> Robotics	<input type="checkbox"/> Astronomy	<input type="checkbox"/> Other:
Performing Arts:	<input type="checkbox"/> Dance	<input type="checkbox"/> Music	<input type="checkbox"/> Drama	<input type="checkbox"/> Other:
Other Interests:				

3. PARENT/GUARDIAN INFORMATION

Please provide the details for the parent(s) or guardian(s) responsible for your child.

Field	Detail/Instruction
Full Name:	
Relationship to Camper:	
Primary Contact Number:	
Alternate Contact Number:	
Email Address:	
Occupation (Optional):	
Mailing Address (if different):	

4. EMERGENCY CONTACT INFORMATION

In case the primary contact is unreachable, please provide additional emergency contacts.

Field	Contact #2 (Optional)
Name:	
Relationship:	
Phone Number:	
Alternate Phone Number:	
Name:	
Relationship:	
Phone Number:	

5. CAMP SESSION & ACTIVITY SELECTION

Mark your desired camp session(s) and indicate any related activity preferences. *(If registering multiple children, please complete a separate form for each.)*

Session	Date Range	Theme/Focus	Preferred Activities / Notes
Session 1:			
Session 2:			
Session 3:			

Additional Camp Options:

- **Field Trip Participation:** Yes No
- **Day Camp or Overnight Camp:**
 - Day Camp
 - Overnight Camp (specific details provided on the camp website)

6. MEDICAL INFORMATION & SPECIAL NEEDS

Please provide detailed information regarding your child's medical conditions, allergies, and any special needs. This ensures that we can make the necessary arrangements and accommodations.

Medical Information	Details
Allergies/Dietary Requirements:	
Current Medications (if any):	
Chronic Medical Conditions:	
Special Needs/Accommodations (if any):	
Primary Physician's Name:	
Primary Physician's Contact:	
Medical Insurance Provider:	
Policy/ID Number:	

If your child requires an Epinephrine Auto-Injector or special emergency medication, please notify us immediately and attach any relevant medical documentation to this form.

7. CONSENT, RELEASES, AND POLICY AGREEMENT

Please review the statements below and provide your consent. Your signature indicates that you understand and agree to the camp policies and waiver terms.

A. Liability Waiver

- I understand that my child's participation in camp activities involves inherent risks. I agree to release and hold harmless the camp organizers, staff, and volunteers from liability due to injuries caused by negligence, except in cases of gross negligence.

B. Medical Consent

- I authorize camp staff to seek emergency medical treatment for my child if necessary. I will inform the camp immediately of any changes to my child's medical conditions.
- I understand that I am responsible for all medical expenses incurred in the case of emergencies.

C. Media Release

- I grant permission for the camp to use photographs, videos, and recordings of my child for promotional and public relations purposes. I consent I do not consent.

D. Code of Conduct Agreement

- I confirm that both my child and I understand the camp’s behavior expectations and agree to follow all guidelines designed to ensure a respectful and fun environment.

Parent/Guardian Signature:	
Printed Name:	
Date (DD/MM/YYYY):	

8. PAYMENT & REFUND POLICY

Fee Structure

Please refer to our fee schedule based on the selected session:

One Time Registration Fee: \$300.00

Non Grant Camper Tuition Fee: \$1600 (Registration Fee Included)

Registration Closes March 15th

Summer Camp Grant Funding Is Limited Availability And Is First Come First Served.

Payment Options Available Including Afterpay.

Payment Options

Payment Method	Instructions
Credit/Debit Card:	Use our secure online payment portal via website/text link
Cash App:	\$LoveKey23
Afterpay:	Payment link will be delivered via text link
Online Transfer:	Follow the detailed instructions provided via email.

Refund Policy

- **CAMP REGISTRATION & TUITION FEES ARE NON REFUNDABLE**

9. ADDITIONAL INFORMATION & SPECIAL REQUESTS

Please provide any extra details, questions, or concerns that will help us better accommodate your child’s needs.

Transportation arrangements (drop-off/pick-up details):

Information about siblings attending the camp (if applicable):

How did you hear about our camp? (e.g., website, friend, flyer, other):

Additional Comments or Requests:

10. FINAL CHECKLIST & SUBMISSION INSTRUCTIONS

Before submitting the form, please ensure that:

1. All required fields are completed.
2. Medical documentation and any additional consent forms (if applicable) are attached.
3. Payment or deposit details are confirmed.

Submission Options:

- **Paper Form:** Please return to the camp office at Write Address or deposit it at the registration kiosk.
- **Online Submission:** Double-check your entries, then click "Submit." A confirmation email will be sent to your provided email address.

Thank you for taking the time to provide complete details, ensuring that we can offer the best possible experience for your child. If you have any questions or need further assistance, please feel free to reach out to us directly.

Additional Suggestions: If you're interested in learning more about our camp's daily schedule, team profiles, or additional activities like weekend family days and evening campfires, please ask—we're happy to share more about creating a memorable summer for your kid!