

Kid Zone presents...

# Winter Wonderland Camp!

## December 19th- 22nd

Kindergarten - 5th Grade  
(Ask about 6th-8th grade)

Arts & Crafts,  
Sports, Games,  
Cooking, and Science

Early Bird Discount of **5% off** if you  
register and pay in full before

Friday, December 2, 2016

For more information:

kidzone.midzone@gmail.com  
(310) 377-7302



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### Registration

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

\_\_\_\_\_ Mon- Thurs. **\$160** 9:00am-4:00pm

\_\_\_\_\_ Any 3 Days 9:00am-4:00pm **\$120** M\_\_ T\_\_ W\_\_ Th\_\_

\_\_\_\_\_ Daily Rate 9:00am-4:00pm **\$50** M\_\_ T\_\_ W\_\_ Th\_\_

\_\_\_\_\_ Early Care 7:30-9am **\$6/day**  
M\_\_ T\_\_ W\_\_ Th\_\_

\_\_\_\_\_ Late Care 4:00-6pm **\$8/day**  
M\_\_ T\_\_ W\_\_ Th\_\_

Payment options: Cash,  
Credit Cards (with 2% fee),  
Checks ("RHUMC")

**\*\*New students please fill out full  
enrollment form on back\*\***

Total Cost \$ \_\_\_\_\_

Paid \_\_\_\_\_

## RHUMC Kid Zone/Mid Zone Camp Registration

Child's Name: \_\_\_\_\_

Sex : Male    Female

Date of Birth \_\_\_\_\_

Grade in 2016-17 \_\_\_\_\_

School: \_\_\_\_\_

Allergies: \_\_\_\_\_

Special Accommodations \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

    Work Phone: \_\_\_\_\_

    Cell Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_

    Work Phone: \_\_\_\_\_

    Cell Phone: \_\_\_\_\_

**IF YOU CAN NOT BE REACHED, PLEASE INDICATE WHO TO CALL**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

**Please list any other persons authorized to pick up child**

Name/Phone: \_\_\_\_\_

Name/Phone: \_\_\_\_\_

As the parent or authorized representative, I hereby give consent to Rolling Hills United Methodist Church to obtain all emergency medical or dental care prescribed by a duly licensed physician (M.D.) osteopath (D.O.) or dentist (D.D.S.) for the above named child. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of the child named above. Photos and videos may be taken of my child for display, publicity and in-house activities.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_