

Kid Zone presents...

# Thanksgiving Camp! November 23-24-25

Arts & Crafts,  
Sports/Games and  
Science

Tk-Kindergarten - 8th Grade  
\*We will be following recommendations from  
the CDC and from the Department of Social  
Services Community Care Licensing.

For more information:

[kidzone.midzone@rhumc.org](mailto:kidzone.midzone@rhumc.org)  
(310) 377-7302

**Gabby Palacios**  
(323)610-2253



## Registration

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

Child's Name: \_\_\_\_\_ School/Grade: \_\_\_\_\_  
Parent(s) Name: \_\_\_\_\_  
Contact Phone: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

\_\_\_\_\_ Mon-Wed **\$300** 7:30am-6:00pm

\_\_\_\_\_ Mon-Wed **\$240** 9:00am-4:00pm

\_\_\_\_\_ Daily Rate 9:00am-4:00pm **\$85**

**M\_\_ T\_\_ W\_\_**

\_\_\_\_\_ Early Care 7:30-9am **\$12/day**

**M\_\_ T\_\_ W\_\_**

\_\_\_\_\_ Late Care 4:00-6pm **\$12/day**

**M\_\_ T\_\_ W\_\_**

Payment options:

Checks ("RHUMC")

Credit Cards (with 2% fee),

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

Office use only:

A\_\_ QB\_\_

Paid \_\_\_\_\_

## RHUMC Kid Zone/Mid Zone Camp Registration

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

Male ( ) Female ( )

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

Grade in 2020-2021 \_\_\_\_\_

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

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

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

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

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

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

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

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

Parent 1 Name: \_\_\_\_\_

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

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

Parent 2 Name: \_\_\_\_\_

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

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

### IF I CAN NOT BE REACHED, PLEASE 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: \_\_\_\_\_