



Kid Zone presents... Winter Camp!

December 21st & 22nd

Tk/Kindergarten- 8th Grade

*We will be following recommendations from the CDC and from the Department of social services community Licensing.

Arts & Crafts,
Sports, Games,

For more information:
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: _____ Grade: _____

Parent(s) Name: _____

Contact Phone: _____

E-Mail: _____

_____ Mon & Tue 7:30am-6:00pm **\$200**

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

M__ T__

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

M__ T__

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

M__ T__

Payment options:

Credit Cards (with 2% fee),
Checks ("RHUMC")

Total Cost \$ _____

Office use only:

Paid _____

A__ QB__

RHUMC Kid Zone/Mid Zone Camp Registration

Child's Name: _____

Male () Female ()

Date of Birth _____

Grade in 2020-21 _____

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: _____