



Camp Registration Form

991 Saratoga Ave, San Jose, CA-95129

Phone:(408)-758-5722 Email:kidz.radiant@gmail.com

Website: www.RadiantKidz.com

Please fill out one form per child

STUDENT INFORMATION

Student Last Name

Student First Name

____/____/____
Date of Birth mm/dd/yy

Sex

School

Grade in Fall

T Shirt Size(YS/YM/YL)

Parent 1 Information	Parent 2 Information
_____ Name	_____ Name
_____ Address	_____ Address
_____ Cell Phone	_____ Cell Phone
_____ Work Phone	_____ Work Phone
_____ Email	_____ Email

Little Learners (K-2nd Grade)

Full Day Camp								4 days Half Day Camp (\$170)	
_____ June 17th	_____ 5 Day	or ____ - 3 Day	____ Mon	____ Tue	____ Wed	____ Thur	____ Fri	_____ AM	_____ PM
_____ July 24th	_____ 5 Day	or ____ - 3 Day	____ Mon	____ Tue	____ Wed	____ Thur	____ Fri	_____ AM	_____ PM
_____ July 8th	_____ 5 Day	or ____ - 3 Day	____ Mon	____ Tue	____ Wed	____ Thur	____ Fri	_____ AM	_____ PM
_____ July 15th	_____ 5 Day	or ____ - 3 Day	____ Mon	____ Tue	____ Wed	____ Thur	____ Fri	_____ AM	_____ PM
_____ July 22rd	_____ 5 Day	or ____ - 3 Day	____ Mon	____ Tue	____ Wed	____ Thur	____ Fri	_____ AM	_____ PM

Little Learners (K-2nd Grade) continued

Full Day Camp									4 days Half Day Camp (\$170)	
_____	_____	or _____	-	_____	_____	_____	_____	_____	_____	_____
July 29th	5 Day		3 Day	Mon	Tue	Wed	Thur	Fri	AM	PM
_____	_____	or _____	-	_____	_____	_____	_____	_____	_____	_____
Aug 5th	5 Day		3 Day	Mon	Tue	Wed	Thur	Fri	AM	PM
_____	_____	or _____	-	_____	_____	_____	_____	_____	_____	_____
Aug 12	5 Day		3 Day	Mon	Tue	Wed	Thur	Fri	AM	PM

Young Minds (3-6th Grade)

	Full Day Camp										4 days Half Day Camp (\$170)		
_____	_____ or _____	_____	_____	_____ or _____	_____ - _____	_____	_____	_____	_____	_____	_____	_____	_____
June 17th	Camp 1		Camp 2	5 Day		3 Day	Mon	Tue	Wed	Thur	Fri	AM	PM
_____	_____ or _____	_____	_____	_____ or _____	_____ - _____	_____	_____	_____	_____	_____	_____	_____	_____
June 24th	Camp 1		Camp 2	5 Day		3 Day	Mon	Tue	Wed	Thur	Fri	AM	PM
_____	_____ or _____	_____	_____	_____ or _____	_____ - _____	_____	_____	_____	_____	_____	_____	_____	_____
July 8th	Camp 1		Camp 2	5 Day		3 Day	Mon	Tue	Wed	Thur	Fri	AM	PM
_____	_____ or _____	_____	_____	_____ or _____	_____ - _____	_____	_____	_____	_____	_____	_____	_____	_____
July 15th	Camp 1		Camp 2	5 Day		3 Day	Mon	Tue	Wed	Thur	Fri	AM	PM
_____	_____ or _____	_____	_____	_____ or _____	_____ - _____	_____	_____	_____	_____	_____	_____	_____	_____
July 22rd	Camp 1		Camp 2	5 Day		3 Day	Mon	Tue	Wed	Thur	Fri	AM	PM
_____	_____ or _____	_____	_____	_____ or _____	_____ - _____	_____	_____	_____	_____	_____	_____	_____	_____
July 29th	Camp 1		Camp 2	5 Day		3 Day	Mon	Tue	Wed	Thur	Fri	AM	PM
_____	_____ or _____	_____	_____	_____ or _____	_____ - _____	_____	_____	_____	_____	_____	_____	_____	_____
Aug 5th	Camp 1		Camp 2	5 Day		3 Day	Mon	Tue	Wed	Thur	Fri	AM	PM
_____	_____ or _____	_____	_____	_____ or _____	_____ - _____	_____	_____	_____	_____	_____	_____	_____	_____
Aug 12th	Camp 1		Camp 2	5 Day		3 Day	Mon	Tue	Wed	Thur	Fri	AM	PM

EMERGENCY INFORMATION

In order of preference list all individuals authorized to pick up your child(other than parents). Unlisted persons will not be permitted to pick up your child.

Name	Phone	Relationship

Primary Care Physician

Phone

Dentist

Phone

Insurance Provider

Policy No Phone

Subscriber Name

List all medical and special conditions such as allergies to food, medication etc

PAYMENT/CANCELLATION POLICY

1. Full tuition of \$_____ for the camp is due at the time of registration.
2. If field trip day is selected then extra is charged for that.
3. 50% of tuition will be forfeited if written notice of a requested cancellation is received between 60 and 15 days before the Camp start date. Only credit will be given for future camps.
4. Cancellations received within 14 days of session start date forfeit full tuition.
5. Cancellation requests due to illness or accident prior to the camp session start date require a verifiable physician's written notice. Upon receipt of verification, we will issue a credit of the full amount towards future enrollments.
6. Radiant Kidz reserves the full right to immediately suspend/dismiss a child for unsatisfactory conduct, disruptive behaviour and medical conditions beyond the expertise of the program.

Indemnification by Parent/Guardian

The undersigned, in consideration of participation in the program offered by Radiant Kidz agree to indemnify and release the program, its officers, staff and employees, from any and all claims, demands, losses, damage, liabilities and injuries which may be suffered by the above named child, arising out of, or in any way connected with the participation in the classes, pickup or activities offered by the program. I acknowledge that I have read the above agreement and release, and fully understand that I have assumed all the risks of injury that may occur during the program. I hereby further authorize the program that if the doctors listed above can't be reached, to take my child to the nearest emergency aid station by ambulance if necessary for treatment.

Parent's/Guardian's Signature

Date mm/dd/yy

Print Name