

Kimber's Reading Express Camp Application

Session: _____

Child's Name: _____

Parent's name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

School Attending Presently: _____

Current Grade _____

How did you hear about the program? _____

Does your child have any allergies? If so, please specify:

Please turn over & complete the other side

Emergency Contacts (name & phone #)

1) _____

2) _____

I, _____, authorize Kimber's Reading Express LLC to request medical treatment if unable to reach parent/guardian.

I, _____, give my permission to

Kimber's Reading Express, LLC to post pictures of my child, _____, on Social Media (i.e. Facebook, Twitter, & Kimber's Website). I understand that names of the individuals will NOT be used.

Full payment is required to secure your post. Payment is non-refundable. Missed classes will not be refunded nor pro-rated.

Signature _____

Print Name _____

Date _____