

# ***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:

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**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 individual will NOT be used.

**50% of tuition is due two weeks prior to the starting date to hold your spot. The deposit is non-refundable. Any classes that your child misses will not be refunded.**

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_