



Kidz Korna's Safe Haven Summer Projects 2010

Child (ren) Start Date _____ End Date _____

Mother's Name _____ Father's Name _____ Guardian _____

Email Address: _____

Home Address: _____
of the Child Street City State Zip

Child 's name	Age	Type of Service
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Are your child's Medical records current _____ if yes, we need a copy.
If no, more documentation is needed in order for your child to participate for the summer program.

Are there any medical conditions we should know about? _____

Would you like for your child (ren) to participate in the Montoring, Tutoring or Counseling Activities, if so in what field of study _____

Emergency Contact Information: _____
Name Relationship Phone

I would like to sign up for a chance to Win a Free Computer _____ I understand that the entire price for the nine week program must be paid in full at the time of registration. The amount is _____.

I am only interested in paying weekly _____ on Monday of every week.

I am only interested in paying monthly _____ on the 1st of the month

I will agree for my child (ren) to participate in other activities such as the Kidz Korna Wall of Courage Project, Commu- nity Events, Field Trips and on the Kidz Korna's Television Show, having permission to promote youth activities via photos, music and video. I also understand that upon my child's participation with this program, I am to participate in fundraising initiatives that will support the Kidz Korna Youth Organization. A late fee of \$15 will apply if my child is not picked up by 5:30 pm. (1/2 hour allowance only when absolutely necessary).

Parent or Guardian' Signature _____ (Print) Witness _____ Date _____

I am interested in the 3 (three or more discount) _____ Who's authorized to pick-up your child (ren)? _____

Registration form