

Wondertree Kids Camp Registration Form
710-A S. Allied Way, El Segundo, CA 90245
Phone: 310-535-0001 - Fax: 310-535-0003
Email: info@wondertreekids.com

Ways to Register: Walk in, Fax, Mail, Email

MBO

***Email Address (Required):** _____

Participant's First Name: _____ **Last Name:** _____

Parent #1 _____ **Parent #2:** _____ **Caretaker's Name:** _____

Participant's Date of Birth: ____/____/____ **Sex: Male** **Female**

Address: _____ **City:** _____ **Zip:** _____

Home Phone: (____) ____-____

Cell Phone (Parent #1): (____) ____-____ **Work Phone (Parent #1):** (____) ____-____

Cell Phone (Parent #2): (____) ____-____ **Work Phone (Parent #2):** (____) ____-____

Emergency Contact Name: _____ **Phone Number:** (____) ____-____
(Other than Parent)

Child's Allergies (If none, write "N/A"):

We want to provide your child with the best experience possible. Therefore, please note below any special concerns you have about your child while in camp and/or list any attributes your child have which could affect his or her participation in any activity. (If none, write "N/A").

Is your child enrolled in Preschool or Day care?: Yes No If yes, name: _____

Enrollment Type: Entire Camp (5 weeks) July 30th - August 3rd August 6th - August 10th August 13th - August 17th
 August 20th - August 24th August 27th - August 31st

Method of Payment: Cash Check Visa MasterCard Discover

Credit Card Number: _____ - _____ - _____ - _____ **Expiration Date** ____/____

- All instructors, activity dates and fees are subject to change.
- In the event of an emergency and if I or my emergency contacts cannot be reached, I give permission to WTK to authorize any emergency medical treatment deemed necessary by the attending physician.
- Full payment is required at time of registration. Checks should be made payable to Wondertree Kids Enrichment Studio; there is a \$20.00 charge for returned checks.
- Cancellations: WTK reserves the right to cancel classes due to low enrollment or unforeseen, uncontrollable circumstances. Every attempt will be made to reach you to inform you of cancellation.

RELEASE OF LIABILITY. SIGNATURE OF PARENT REQUIRED. I declare myself and/or my child to be physically sound and suffering from no condition, impairment, disease, infirmity or other illnesses that may prevent participation in programs or that could endanger their own well being or the well being of others in the program. Each certifies that he/she/they have consulted with a physician and determined that participation does not jeopardize his/her/their health.

I hereby agree to fully accept any and all risk of injury, illness or death that may result from my or my child's participation in the program(s) and hereby fully release Wondertree, Inc. DBA Wondertree Kids Enrichment Studio & Wonder-Camp from any and all liabilities or damages for claims I or my child may have relating to the program(s). **I have carefully read this agreement and fully understand that it contains a complete release of liability in favor of Wondertree Inc. DBA Wondertree Kids Enrichment Studio & Wonder-Camp.**

I understand that photographs and/or video maybe taken during camp for promotional purposes including website, brochures and publicity.

If I choose to pay by credit card, my signature below may be used to authorize such payment.

Legal Guardian / Parent Signature: _____ **Date:** _____