



Kirkwood Adventure Club

2026 Summer Camp Enrollment Form

Child's Information		
Child's Name:		Preferred Name:
Date of Birth:	Gender ☐ Male ☐ Female	Child's Grade 2026-2027 School Year ☐ 1st ☐ 2nd ☐ 3rd ☐ 4th ☐ 5th ☐ 6th
School Campus: ☐ Other: _____ ☐ Keysor ☐ North Glendale ☐ Robinson ☐ Tillman ☐ Westchester		Child's T-Shirt Size Youth ☐ S ☐ M ☐ L Adult ☐ S ☐ M ☐ L ☐ XL
Parent/Guardian Information		
Parent/Guardian # 1 Name:		Phone: ☐ Cell ☐ Home
Address:(street, city, state, zip code)		Email:
Employer:		Work Phone:
Employer Address:		Work Hours: From: _____ to _____
Parent/Guardian #2 Name:		Phone: ☐ Cell ☐ Home
Address:(street, city, state, zip code)		
Employer:		Work Phone:
Employer Address:		Work Hours: From: _____ to _____
Child Lives with: ☐ Both Parents ☐ Mother ☐ Father ☐ Guardian		
If separated or divorced, is there a Court Order regarding educational/physical custody of the child? ☐ Yes ☐ No (If yes, please provide a copy of the court order.)		
Authorization for Emergency Medical Care		
I acknowledge that I will receive immediate notification in the event of an emergency involving my child. I will arrange for medical care with the physician or hospital of my choice. In circumstances where I can not be reached to make necessary arrangements or in the case of a critical emergency requiring medical attention, I authorize the Kirkwood Adventure Club Staff to contact the individual(s) listed below.		
Physician or Clinic Name:		Phone Number:
Preferred Hospital:		Phone Number:
I will accept full financial responsibility for charges connected with the use of an ambulance, if necessary, and charges connected with the care at a hospital.		
Please note any special problems, medical conditions, allergies, or medications taken:		

OVER ⇨

Child's Name: _____ Date of Birth: _____

Emergency Contact and persons authorized to take my child from Adventure Club (other than parent)

Name:	Relationship to the Child:	Phone: ☐ Cell ☐ Home	☐ Emergency Contact ☐ Authorized Pick Up
Name:	Relationship to the Child:	Phone: ☐ Cell ☐ Home	☐ Emergency Contact ☐ Authorized Pick Up
Name:	Relationship to the Child:	Phone: ☐ Cell ☐ Home	☐ Emergency Contact ☐ Authorized Pick Up
Name:	Relationship to the Child:	Phone: ☐ Cell ☐ Home	☐ Emergency Contact ☐ Authorized Pick Up

Child specific Information

(Please note we need copies of all documents to be submitted to the Kirkwood Adventure Club office prior to the child's attendance in Summer Adventure Club.)

Health Plan/Medical Condition (if chronic conditions such as allergies, asthma, diabetes, etc. exist or if any other medical diagnosis exists)

☐ Yes ☐ No

If yes, please check all that apply ☐ Food ☐ Medication ☐ Environmental Please list additional information: _____

IEP Individualized Education Plan (if special accommodations are needed during Adventure Club including support person) **Please note that 1:1 support is provided by Adventure Club personnel, as we are not affiliated with the Special School District. The provision of support is contingent upon our staffing availability at the time of enrollment.**

☐ Yes ☐ No

BIP (Behavior Intervention Plan) or Behavior Concerns present

☐ Yes ☐ No

Custody Agreement or Parenting Plan in Place

☐ Yes ☐ No

I give permission for my child to be photographed within the program and for the photos to possibly be used for publicity, district reports, website information, and on the district website and/or Facebook or Instagram page.

☐ Yes ☐ No

I give permission for my child to take part in field trips or excursions with the Summer Adventure Club program under proper supervision. It is my understanding that I will be notified and asked to give consent for each planned off-campus field trip. An exception to this would be short walks taken around the neighborhood when weather permits.

☐ Yes ☐ No

I give permission for Adventure Club staff to assist my child with re-applying sunscreen as needed. (Please bring sunscreen marked with your child's name.)

☐ Yes ☐ No

Summer Adventure Club Enrollment Selections

*Please note all district accounts in the parent's or guardian's name must be current to register your child or children for the summer program. Tuition must be paid in full by the indicated due date or your child will be unenrolled. We do not offer financial assistance for our summer program. Registration requires a \$35 non-refundable application fee.

Session	Dates	Tuition Cost	Tuition Due Date
☐ Session 1	June 1st-5th, 2026	\$284	Tuesday, May 26, 2026 \$100 deposit due at registration
☐ Session 2	June 8th-12th, 2026	\$284	Tuesday, June 2nd, 2026 \$100 deposit due at registration
☐ Session 3 Adventure Club Closed: Friday, June 19th, 2026 (In observance of Juneteenth)	June 15th-18th, 2026	\$228	Tuesday, June 9th, 2026 \$100 deposit due at registration
☐ Session 4	June 22nd-26th, 2026	\$284	Tuesday, June 16th, 2026 \$100 deposit due at registration
☐ Session 5 Adventure Club Closed: Friday, July 3rd, 2026 (In observance of Independence Day)	June 29th-July 2nd, 2026	\$228	Tuesday, June 23rd, 2026 \$100 deposit due at registration
☐ Session 6	July 6th -10th, 2026	\$284	Tuesday, June 30th, 2026 \$100 deposit due at registration
☐ Session 7	July 13th-17th, 2026	\$284	Tuesday, July 7th, 2026 \$100 deposit due at registration

Please read and Check "I AGREE" below to note agreement to terms.

☐ I agree to pay all fees as outlined. I understand that tuition is non-refundable.

Parent/Guardian Signature:

Date: