



APPLICATION
Spring Camp 2020
April 9-17

Child's Name: _____ Nickname: _____

Birth date: _____ / _____ / _____ Gender: Male / Female

Home Address: _____

City & Zip: _____

Home Phone: (_____) _____ Preferred daytime #: _____

First Parent/Guardian Name: _____

Place of Business: Company Name & Address: _____

Occupation: _____

Work Phone: _____ Cell Phone #: _____

Email address: _____

Second Parent/Guardian Name: _____

Place of Business: Company Name & Address: _____

Occupation: _____

Work Phone: _____ Cell Phone #: _____

Email address: _____

Tuition Rate:

Please circle amount of days and hours you would like and specify dates below

Schedule	1 day	2 days	3 days	4 days	5 days	6 days	7 days
9am-3pm	120	237	330	440	510	600	700
3pm-6pm	58	115	165	200	216	258	301
8am-9am	19	37	52	69	72	84	98

*Camp dates are Thursday/Friday April 9 and 10, and Monday-Friday April 13-17

Please specify which dates you would like to sign up for:

FOR OFFICE USE:

RECEIVED ON ____/____/20____

Child's Name _____ DOB _____ Gender _____

To reserve your spot, the full payment is due. Make checks payable to "Kids' Canvas" or request an invoice to pay online. Invoices can be paid online using a bank transfer or credit card. Credit card transactions will incur a 3% processing fee.

Please help us get to know your child by answering the following questions:

If child does not live with both parents, please describe family situation

List any siblings, their ages and where they attend school. Previous KC student?

List any languages other than English that your child speaks.

Briefly describe your child's personality and temperament.

Briefly describe your child's previous school experiences/organized/group activities.

Child's Name _____ DOB _____ Gender _____

Is your child able to separate from you comfortably? How have you supported your child with transitions/separations in the past?

What are some of your child's interests?

How does your child play/work with others? (leader, follower, makes friends easily, etc.)
Is there anything else you would like to share that would help us know your child?

Is your child receiving any special services? (e.g. speech, SEIT, occupational therapy)
Any special medical needs or allergies?

Child's Name _____ DOB _____ Gender _____

What are your hopes/expectations for your child's experience at Kids' Canvas?