

Date Rec:	_____
Camp Assign	_____
Deposit	_____
D:	_____

**City of Coral Springs  
Department of Parks and Recreation**

**KAMP KOOL  
1 Week Extension Program  
July 29 – August 2, 2019**

**ONE FORM & ONE DEPOSIT CHECK PER CHILD, ONE HOUSEHOLD PER ENVELOPE**

**PLEASE PRINT**

Child's name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone # \_\_\_\_\_

Primary Guardian: \_\_\_\_\_ Work Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Secondary Guardian: \_\_\_\_\_ Work Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Any pertinent medical information (Allergies, Medical conditions or Disabilities):

\*\*\*CITY STAFF DOES NOT ADMINISTER MEDICATIONS\*\*\*

Sex: \_\_\_\_\_ Grade as of September 2019: \_\_\_\_\_ Nickname: \_\_\_\_\_ E-mail \_\_\_\_\_

MUST SEND Copy of your **child's report card** with camp application. (Copies will not be returned.)

<u>CHOICE</u>	<u>CAMP</u>	<u>LOCATION</u>	<u>GRADE IN SEPT 18</u>	<u>COST PER CHILD</u>
____ 96403 A	Elem. Camp	C.S. Gymnasium (7:30am-6pm)	1 <sup>st</sup> - 5 <sup>th</sup>	\$142.50
____ 96403 C	Teen Camp	C.S. Gymnasium (7:30am-6pm)	6 <sup>th</sup> - 8 <sup>th</sup>	\$142.50

If balance is not paid by due date, child placement in camp location will not be guaranteed

**BALANCE OF FEES DUE ON THURSDAY, MAY 2. (NO EXCEPTIONS)**

**BEGINNING MONDAY, MARCH 25, 2019**

REGISTER ON LINE AT [CORALSPRINGS.ORG/RECREATION](http://CORALSPRINGS.ORG/RECREATION) ,WALK IN AT THE CORAL SPRINGS  
GYMNASIUM OR MAIL TO  
"Kamp Kool"  
2501 Coral Springs Dr  
Coral Springs, FL 33065

**A \$100 DEPOSIT IS REQUIRED FOR EACH APPLICATION**

**Please send check or money order only – Pay to: "City of Coral Springs" DO NOT MAIL CASH**

**DEPOSIT IS NON-REFUNDABLE UPON ACCEPTANCE INTO PROGRAM.**

Parks and Recreation Office: (954) 345-2200