

Kings Children's Camp Summer Registration 2025

17000 Smyers Lane
Round Rock, TX 78681
512.255.0446
clc@kingofkingstx.org
clroundrock.com

Child's Name: _____ Date of Birth: _____

Age as of March 1, 2025: _____ Home Telephone: _____

Parent's Address: _____

Mother's Name: _____ Cell #: _____

Father's Name: _____ Cell #: _____

Email(s): _____

Please indicate which session(s) you are registering for:

Session Dates	TIME	COST	Check to apply
Monday – Thursday, June 02-05	9 am - 1 pm	\$150	FULL
Monday – Thursday, June 16-19	9 am - 1 pm	\$150	FULL
Monday-Thursday, June 23-26	9 am - 1 pm	\$150	FULL
No camp this week June 30-July 03	N/A	N/A	N/A
Monday – Thursday, July 07-10	9 am - 1 pm	\$150	
Monday – Thursday, July 14-17	9 am - 1 pm	\$150	
Monday – Thursday, July 21-24	9 am - 1 pm	\$150	

2 years old (by March 1, 2025) to 5 years old (have not attended kindergarten)

I authorize King's Children's Summer Camp to release my child only to the following other persons designated by the parent(s) after verification of ID.

(Name)	(Phone)	(Name)	(Phone)
1. _____	_____	2. _____	_____

Emergency Contact:

Name _____ Relation to Child _____

Address _____ Phone _____

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AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION

In the event I cannot be reached to make arrangements for emergency medical care, I hereby authorize King's Children's Summer Camp to take my child _____, to Physician _____ address _____, phone _____ or to emergency care facility _____ and I give consent for King's Children's Summer Camp to secure any and all necessary treatment for my child when the child is in this individual's care. In the event of a serious emergency, St. David's Round Rock Hospital Emergency will be used or whatever emergency personnel recommend.

Permission to Participate in King's Children's Summer Camp

___ I do / ___ do not give permission for my child to use all the play equipment and to participate in all activities of the summer camp including water table, sprinkler play and splash/wading pool. As parent, I assume all the risks and hazards of participation in the King's Children's Summer Camp, and I waive all claims against King of Kings Lutheran Church or any directors, teachers, or helpers appointed by them.

Child's Additional Needs

List any additional or special needs that your child has: (please include any allergies, food or environmental, existing illness, previous serious illness, injuries, hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which caregivers should be aware of:

MEDIA CONSENT

___ I do / ___ do not give consent to King's Children's Summer Camp to use photographic portraits, pictures, digital images, videotapes of my child in whole or part that may be included but not limited to use in classroom decoration, scrapbooks, art projects, King's Children's Summer Camp publication, website or social media without payment or any other consideration.

Signed _____ Date: _____

Office use only

Sessions	Amount Paid	Date Paid	Check #	Cash
Session 1				
Session 2				
Session 3				
Session 4				
Session 5				
Session 6				