

2018 Exploring the Outer Limits

Child's name: _____

Birthdate: _____ Phone Number: _____

School attending in the Fall: _____

Grade (Fall 2018): _____

Allergies: _____

Parent(s)/Guardian(s) names: _____

Parent/Guardian email address: _____

Emergency Contact Name and Number: _____

Names of adults who can pick this child up from school:

Please circle preferred session (9:00-2:30): July 16th -20th OR August 6th-10th

\$175 Payment: ___ cash ___ check

Please make check payable to Kardia Christian Academy with your child's name in the memo line.

Return this completed form, along with payment, to the Kardia Christian Academy Office.

This registration form and payment will secure your spot in the program.

*Spots available on a first come first serve basis.

If you have any questions regarding this program please email Kim@kca.life

Some things you might want to share with us:

My child's academic strengths: _____

Areas my child struggles with: _____