



**For Office Use Only**

Date Rec. \_\_\_\_\_

Reg. Fee Pd. \_\_\_\_\_

1st Wk. Fee Pd. \_\_\_\_\_

6657 Kimesville Road, Liberty, NC 27298

336-565-9723 - www.koppertop.org

**CAMP FREESPIRIT 2020  
SUMMER CAMP REGISTRATION**

Registration Fee: **\$25.00** - reservation (*Non-refundable*)

Weekly Fee: **\$175.00** per camper per week

Please make checks payable to: **Kopper Top Life Learning Center**

**Total= \$200.00** per camper for first week

**\*\*Afternoon care (12pm to 5pm)**

**is an additional**

**\$25 per child, per day.\*\***

Camper's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Sex: M F (circle one)

City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ Email: \_\_\_\_\_

**FAMILY INFORMATION**

Mother/Guardian: \_\_\_\_\_ Home phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_

Father/Guardian: \_\_\_\_\_ Home phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_

Emergency Contacts: 1. \_\_\_\_\_ Phone: \_\_\_\_\_

2. \_\_\_\_\_ Phone: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Medical Center: \_\_\_\_\_ City: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy#: \_\_\_\_\_

Allergies: \_\_\_\_\_ Medication/s: \_\_\_\_\_

Information about my daughter/son/ward that may assist staff in any way (medical assistance, characteristics, behaviors): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_