



**NOW ENROLLING!**

Kids **R** Kids  
Learning Academy

# CAMP BOOMERANG

Return To Summer

Fun takes flight at Camp Boomerang with week-after-week of different down-to-earth themes and high-flying, mind-expanding, hands-on activities designed to make them smile, think, explore, collaborate and grow in exciting new directions. Discover why Kids 'R' Kids is the place where friendships are made and imaginations soar.

**Sign your camper up today** before the summer flies by!

Kids **R** Kids  
Learning Academy

1455 Red Bud – Round Rock- TX- 78664  
(512)248-2178 • [www.kidskidsroundrock.com](http://www.kidskidsroundrock.com)



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**2022 Summer Camp Registration**  
 (For those children who completed elementary school grades K-5)

Child's Name: \_\_\_\_\_ Child Shirt Size: \_\_\_\_\_ Age: \_\_\_\_\_  
 Grade Completed: \_\_\_\_\_ Parent Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

The following dates will be guaranteed for my child to attend the Kids R Kids Summer Camp of 2022. **I agree to pay for all dates that I have initialed and will be responsible for tuition payments even if I decide to not bring my child that week. (If you need to change any of your child's attendance weeks, please give us a 2-week advanced notice, due to field trip commitments.)**

Fees (per child): (NONREFUNDABLE)

**Summer Camp Activity Fee**

\$275/per child

-\$150 due and payable upon sign up

-\$125 due and payable by the 1st week of attendance

\*\*\* The \$275 fee will be billed to all accounts the first week of camp\*\*\*

**Monday – Friday Summer Camp Tuition - \$235/week**

\*\*For those families not attending KRK during the school year: \$50 registration fee per child

Initial:	Session Date
	May 30 – June 3
	June 6 - 10
	June 13 - 17
	June 20 - 24
	June 27- July 1
	July 4-8 (Closed July 4 <sup>th</sup> for Independence Day)
	July 11 - 15
	July 18 - 22
	July 25 - 29
	August 1 - 5
	August 8 - 12 (end of camp)

\_\_\_\_\_  
 Parent/guardian signature

\_\_\_\_\_  
 Date

# Summer Camp 2022

1455 Red Bud Lane  
Round Rock, TX 78664



Weekly Theme	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
<b>Down Under</b> May 30- June 3	<b>Closed for Memorial Day</b>	Old Settlers Park & Hat Creek (Soph)	Austin Zoo (JR & SR)	Bob Bullock Museum (JR & SR)	Mt. Playmore (Freshman & Soph)
<b>Ultimate Games</b> June 6-10	Hungry Hippo	Dart em'up (SR)	Dart em'up (JR)	Reunion Ranch (ALL)	Pump it up (Soph)
<b>Decade Dash</b> June 13-17	Frio Pops – Water Slide Sr. Pool Day	Playland Skate (SR)	Monster Golf (JR & Soph)	Top Golf (JR & SR)	Alliance Park (Freshman & Soph)
<b>Gliding Gizmos</b> June 20-24	Water Obstacle Course Home Depot	IFly (SR)	Playland Skate (Soph & Jr)	Spare Time Bowling (JR & SR)	Altitude (Freshman & JR)
<b>Kidflix</b> June 27 – July 1	Slip & Slide Sr. Pool Day		Cinemark & Park (ALL)	Alliance Park (JR & SR)	Indigo Play (Freshman & Soph)
<b>What's Cookin?</b> July 4-8	<b>Closed for July 4<sup>th</sup></b>	Rumble in the Park (ALL)		Gattis Pizza (JR & SR)	Gattis Pizza (Freshman & Soph)
<b>Reef Creatures</b> July 11-15	Big Kahuna Double Water Slide Sr. Pool Day	Austin Duck Tour (JR & SR)	Splash Shack (Soph & Jr)	Bass Pro Bowling (SR)	Aquarium (Freshman & Soph)
<b>Wild Outback</b> July 18-19	Tiny Tails 2 you	Crux Climbing (SR)	Ceramic Lodge (Soph & Jr)	Main Event (JR & SR)	Chuck E. Cheese (Freshman & Soph)
<b>Mighty Origins</b> July 25-29	Soccer Darts Firefighters Sr. Pool Day	Scoop and Score (SR)	Inflatable Wonderland (Soph & Jr)	Blazer Tag (JR & SR)	Splash Shack (Freshman & Soph)
<b>It's Magic Mate</b> August 1-5	Magician	Surprise Trip (SR)	Garey Park & Splashpad (Soph & Jr)	Hula Cowgirl & Hat Creek (JR & SR)	All Abilities Park & Hat Creek (Freshman & Soph)
<b>Natural Talent</b> August 8-12	Cowabunga Wet Bouncy House Sr. Pool Day	Urban Air (SR)	Catch Air (Soph & Jr)	Blanton Museum of Art (JR & SR)	Last Day party & Talent Show!!! (ALL)

**\*\* All field trips are subject to change \*\***

Age Groups are as followed: Freshman –KRK 5-year-old pre-K Sophomore- KRK kinder and public kinder Juniors- Completed 1<sup>st</sup> and 2<sup>nd</sup> grade  
Seniors- completed 3<sup>rd</sup>- 5<sup>th</sup> grade

## Health and Emergency Permission

This form must be completed for all enrolled children annually and as changes occur

Child			
Child's Full Name _____		Age _____	Gender _____
Date of Birth ____/____/____		Child's Home Address _____	
Home Phone _____			
Parent/Guardian(s)			
Parent/Guardian Name _____		Phone 1: _____	Phone 2: _____
Parent/Guardian Name _____		Phone 1: _____	Phone 2: _____
Medical Information			
Doctor to be contacted when parents cannot be reached:			
Name _____	Full Address _____	Telephone _____	
Dentist:			
Name _____	Full Address _____	Telephone _____	
Health Insurance Provider:			
Name _____	Full Address _____	Telephone _____	
Does your child have special needs affecting participation in school activities? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Specify: _____			
Does your child have allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is your child on prescribed medication for Illness/Allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Specify: _____			
Actions Taken: _____			
Weight of Child: _____			
Emergency Contacts			
The child may be released to the person(s) signing this agreement or to the following with photo ID:			
Name _____	Address _____	Telephone _____	Relationship _____
Emergency contact(s) when parents cannot be reached:			
Name _____	Address _____	Telephone _____	Relationship _____

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner/Director Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

### Transportation Agreement

The following information is required to be updated by Kids 'R' Kids annually and when transportation situation changes

Child's Full Name: \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_

**Kids 'R' Kids \_\_\_\_\_ emergency transportation/medical procedure:**

1. Call emergency medical team, if necessary
2. Contact parent/guardian (phone, email, text)
3. Contact alternate emergency contact, if necessary
4. Emergency medical team transports child to hospital.
5. Kids 'R' Kids representative will accompany child to hospital.

Emergency Medical Facility the center uses: \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

I, \_\_\_\_\_ give permission for Kids 'R' Kids \_\_\_\_\_ to seek medical attention and /or transport my child \_\_\_\_\_, in the event of any emergency. I further agree to hold harmless and release Kids 'R' Kids \_\_\_\_\_ and Kids 'R' Kids International, Inc. from all liability. I further agree to keep the facility informed of any changes in the information below.

**For School Age Use Only:** *If the child relocates to another school or the hours change, this form must be updated immediately*

Name of School: \_\_\_\_\_

School Address: \_\_\_\_\_

School Phone: \_\_\_\_\_

- In the event the designated location is unable to receive children they will be returned to Kids 'R' Kids \_\_\_\_\_.
- It is vital that Kids 'R' Kids \_\_\_\_\_ be notified of any changes in the above scheduled transportation.
- Kids 'R' Kids \_\_\_\_\_ will assume the above schedule of transportation will be followed unless we receive different instructions from parents in writing. Instructions should be received at Kids 'R' Kids \_\_\_\_\_ by the earliest possible time before scheduled pickup or drop off.

I, \_\_\_\_\_ agree for my child to be transported by Kids 'R' Kids \_\_\_\_\_

To school at \_\_\_\_\_ (am/pm)

From school at \_\_\_\_\_ (am/pm)

**On the following days:    Monday    Tuesday    Wednesday    Thursday    Friday**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner/Director Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date



## Student Pledge

### I Promise:

- 1) To follow all the safety rules and directions in the classroom, the playground, on the bus and on field trips.
- 2) To use appropriate language at all times, use a quiet voice in the classroom and on the bus and listen when someone else is speaking.
- 3) To use words rather than actions to express frustration and anger.
- 4) To cooperate with my classmates and teachers and respect their space and belongings. I understand this means no kicking, hitting, tripping, or other physical contact that may hurt other campers or teachers.

I understand that if I act in a way that may endanger my friends and myself, or have to be continually reminded of the rules, I may not be allowed to attend the next field trip.

I have read this pledge together with my parent/guardian and understand the rules and guidelines.

Child's Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_



2022

## Bus and Field Trip Guidelines for Summer Camp Students

### **BUS SAFETY:**

I will follow these rules on the bus for my safety and for the safety of the other students.

I will always wear a seatbelt and sit in my seat with my legs in front of me.

I will show kindness to my friends by not kicking the seat in front of me and keeping all personal items to myself.

I will talk to friends that are next to me and use a quiet voice.

I will listen for my name when teachers are calling attendance.

I will get off the bus carefully and safely when my name is called without pushing and shoving my friends.

### **FIELD TRIP SAFETY:**

I will stay in my assigned group with the teacher.

If I need to use the restroom, I will tell the teacher.

When I see something cool, I will first tell my teacher about it and wait for her permission to go see it.

I will not hide from my teachers or friends.

I understand that these rules are for my safety and enjoyment as well as the safety and enjoyment of my friends.

I understand that unsafe behavior on the bus or during the field trip may result in my not being able to attend future field trips.

Family Last name (Please Print): \_\_\_\_\_

Student signature: \_\_\_\_\_

Guardian signature: \_\_\_\_\_

### Topical Ointment and Cream Authorization

All topical ointments and creams must be current, in its original container and labeled with the child's full name. Follow state guidelines for new authorization. If guidelines are not stipulated, all authorizations must be updated every six months.

Child's Full Name: \_\_\_\_\_ D.O.B. \_\_\_/\_\_\_/\_\_\_

Classroom: \_\_\_\_\_

Dates: Start \_\_\_/\_\_\_/\_\_\_ End \_\_\_/\_\_\_/\_\_\_

- I do not know of any allergies my child has to sunscreen.
- Staff may use the sunscreen provided by KidsRKids following the directions or recommendations printed on the bottle.
- I have provided the following brand/type of sunscreen for use on my child:

\_\_\_\_\_

- My child is allergic to some sunscreens. Please use only the following brand(s) and type(s) of sunscreen:

\_\_\_\_\_

- For medical or other reasons, please do not apply sunscreen to the following areas of my child's body:

\_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_/\_\_\_/\_\_\_  
Date