



KROC
CENTER
OMAHA

School's Out Days

2026-27 Registration Form

(Please complete one per child)

CHILD'S INFORMATION

Name:

Child's School:

Date of Birth:

/

/

Home Address:

City:

State:

Zip Code:

Gender: ☐ Male ☐ Female

PARENT/GUARDIAN INFORMATION

Guardian Name:

Guardian Name 2:

Cell Phone Number:

a)

b)

Work Phone Number:

a)

b)

Email Address: a)

b)

Home Address (if different from student):

SESSION DATES (PLEASE SELECT ALL THAT APPLY)

- ☐ October 2 ☐ November 3 ☐ January 18 ☐ February 12 ☐ February 15
☐ April 16 ☐ April 19

REGISTER FOR ALL 7 SCHOOL'S OUT DAYS FOR THE PRICE OF 5!

(All days must be registered and pay for at once, no refunds will be granted for unused days)

DAILY PRICING

- ☐ Member: \$35/day ☐ Member Additional Child(ren): \$28/day
☐ Non-Member: \$50/day ☐ Non-Member Additional Child(ren): \$43/day

ALL SCHOOL'S OUT DAYS PRICING

- ☐ Member: \$175 ☐ Member Additional Child(ren): \$140
☐ Non-Member: \$250 ☐ Non-Member Additional Child(ren): \$215

EXTENDED CARE OPTIONS

- ☐ Members & Non-Members: \$7/day

Space is limited; registration will be accepted on first-come, first-served basis. No refunds are given unless the program is cancelled by the Kroc Center.



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HEALTHY HISTORY (PLEASE COMPLETE ONE PER CHILD)

The information provided below will assist our staff in providing the best care for your child.

Check if applicable or allergic:

☐ Diabetes ☐ Asthma ☐ Carries Epi-Pen

☐ Epilepsy ☐ Carries Inhaler

☐ Behavioral Challenges

☐ Insect Stings ☐ Penicillin

Other: _____

Dietary restrictions: _____

Restrictions on physical activity: _____

Name & purpose of any medication: _____

Please list anything else that may affect your child's experience at camp.

(i.e.: moving to new home, divorce): _____

Please assess your child's swimming abilities:

☐ Camper cannot swim

☐ Beginner

☐ Assisted swimming with floatation device only

☐ Able to swim without direct assistance

☐ I give permission to the Kroc Center staff to treat my child for minor cuts, scratches, and bruises. If immediate medical attention is needed or if the severity of an injury cannot be established or treated correctly, parents will be notified immediately. 911 may be contacted at the discretion of the camp staff if needed.

Name of Child/Camper PLEASE PRINT

Emergency Contact & Pick Up Authorization

(We require 2 emergency contacts other than the parents)

Name: _____

Relationship: _____

Phone #: _____

Name: _____

Relationship: _____

Phone #: _____

People NOT authorized to pick up my child:

Name: _____

Name: _____

Family Doctor: _____

Doctor Phone #: _____

Doctor Address: _____



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CONSENT FOR PHOTOS/VIDEOS

I agree to allow The Salvation Army Kroc Center to use and publish for advertising any pictures or videos where the Camper (the minor child for whom I am signing) appear. (Pictures will only be used to promote the Kroc Center.)

☐ YES ☐ NO

Liability Waiver:

Parent/Legal Guardian is required to sign authorization and waiver below to acknowledge understanding and agreement of the content.

Upon condition of the participation of my child in The Salvation Army Kroc Center School's Out Days at 2825 Y Street, Omaha, NE 68107, I agree to assume the risk for any injuries, including death, that may be sustained by my child/children in connection with the use of said premises. Further, I agree on behalf of myself and my child/children, to indemnify, hold harmless, assume liability for and defend The Salvation Army Kroc Center, its trustee, officers, employees, volunteers, members and agents from all costs and expenses including, but not limited to attorney's fees, reasonable investigative and discovery costs, court costs and any other sums which The Salvation Army Kroc Center, its trustees, officers, members, employees, volunteers, members and agents may pay or become obligated to pay for injury, including death, to persons or damage to property resulting from our use of said premises or from our actions or omissions and arising from any cause, including vehicles, except for matters caused by the negligence or willful misconduct of The Salvation Army Kroc Center or its trustees, officers, employees, volunteers, members and agents while acting within the scope of duties of such relationship to The Salvation Army Kroc Center.

I HAVE CAREFULLY READ THIS LIABILITY AND FULLY UNDERSTAND AND AGREE TO ITS CONTENTS. I AM AWARE THAT BY SIGNING THIS DOCUMENT, I AM GIVING UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE THE SALVATION ARMY.

I hereby certify that I have the authority to sign this document for the child/children identified on this registration Form.

Parent or Legal Guardian's Name
(PRINT): _____

Signature: _____

Date: _____



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ADDITIONAL SCHOOL'S OUT DAYS (PLEASE SELECT ALL THAT APPLY)*

☐ October 22 ☐ October 23 ☐ March 11 ☐ March 12

****These dates are not included in the pricing deal on page 1***

DAILY PRICING

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