

Summer Camp 2010 Registration Form

Koinonia School of Sports
(860) 928-6420

1st Child's Name _____ Age _____ D.O.B. _____
 2nd Child's Name _____ Age _____ D.O.B. _____
 Parent/Guardian's Name _____
 Street Address _____ PO Box _____
 Town _____ State _____ Zip _____ Home # _____
 Mom's Work # _____ Mom's Cell # _____
 Dad's Work # _____ Dad's Cell # _____

Name of Emergency contact other than parent: 1st _____ # _____
 2nd _____ # _____

- A 30% non-refundable/non-transferable deposit is due with registration prior to beginning camp.
 - **Registration fee is \$25 per family.** If registration fee is not received at time of registration it will be applied to your first weekly camp payment. Registration is not included in the price of camp and will not be deducted from amount due.
 - **Weekly payments are due BEFORE camper begins the week. NO EXCEPTIONS!**
 - (A \$10 late fee will be applied if payment is not received by Tuesday AM)
- Total Balance Due is the Camp Amount minus 30% Deposit. Deposit is due at time of registration with the Reg. Fee of \$25.**

Registration Fee is not deducted from Camp Amount.

Total Weeks Registered _____
 Camp Amount Ages 4-13 \$ _____
 Minus Prepaid 30% Dep. \$ _____
 Subtotal: \$ _____
 Weekly Fee \$ _____

At Time of Registration:
 30% dep. = _____ Reg. Fee. \$25 = _____
 Method of Payment: Cash / Check# _____ / Credit Card
 Date Received: _____
 Staff: _____

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Child 1 st	Child 2 nd	Weeks Attending	# of days	Weekly Payments	If need both		Swim Lessons	Total Due	Late Fee	Payment Date & method
					Early/Late Drop/Pick-up \$15/ \$15	Early Drop & Field Late Pick-up \$23				
()	()	(1)	6/21-6/25	_____	_____	() ()	()	N/A	()	1= _____
()	()	(2)	6/28-7/02	_____	_____	() ()	()	\$ 15	()	2= _____
()	()	(3)	7/05-7/09	_____	_____	() ()	()	N/A	()	3= _____
()	()	(4)	7/12-7/16	_____	_____	() ()	()	\$ 20	()	4= _____
()	()	(5)	7/19-7/23	_____	_____	() ()	()	\$ 15	()	5= _____
()	()	(6)	7/26-7/30	_____	_____	() ()	()	\$ 25	()	6= _____
()	()	(7)	8/02-8/06	_____	_____	() ()	()	\$ 15	()	7= _____
()	()	(8)	8/09-8/13	_____	_____	() ()	()	\$ 25	()	8= _____
()	()	(9)	8/16-8/20	_____	_____	() ()	()	\$ 15	()	9= _____
()	()	(10)	8/23-8/27	_____	_____	() ()	()	N/A	()	10= _____

No credit for absenteeism!

Late Fee: If notification is not received by Monday prior to attendance the following week, a late fee of \$10.00 per child will be charged.

Cancellation Policy: A 30% non-refundable deposit will be kept.

Transferring Weeks: A two weeks notice is required in **writing**, otherwise your 30% deposit is non-refundable.

Forms Required By the State of Connecticut (office use only)

	On File		Date Need Received		On File		Date Need Received
Hospital Release	()	()	_____	Field Trip	()	()	_____
Physical	()	()	_____	Child Pick Up	()	()	_____
General Release Form	()	()	_____	Zero Tolerance	()	()	_____
Permission to Treat Minor Injuries	()	()	_____	(If needed) Permission to Administer Meds	()	()	_____