

Koinonia School of Sports Summer Camp 2020

Rte. 21, Box 321, Thompson, Ct 06277 ~ 860-928-6420~www.koinoniafitness.com

Registration Form ~ koinonia.school@att.net

Child #1: _____ Age: _____ D.O.B. _____

Child #2: _____ Age: _____ D.O.B. _____

Child #3: _____ Age: _____ D.O.B. _____

Parents'/Guardians' Names: _____

Mailing Address: _____ Town: _____

State: _____ Zip: _____ Phone #: _____ Email Address _____

() Mother: work #: _____ cell #: _____ Call 1st or 2nd (Circle)

() Father: work #: _____ cell #: _____ Call 1st or 2nd (Circle)

Email address: _____

() Emergency contact (other than parents): Name: _____

Relationship to child: _____ Phone #: _____

Child	Weeks	3/5	\$25	\$25	\$35								
#1	#2	#3	#of	weekly	early	late	swim	field	total	late	payment/date	staff	
			days	payments	drop	pick-up	lessons	trip	due	fee	& method	initials	
() () ()	1)	6/15 – 6/19	_____	_____	_____	_____	_____	NA	1 \$ _____	_____	_____	_____	_____
() () ()	2)	6/22 – 6/26	_____	_____	_____	_____	_____	\$20 _____	2 \$ _____	_____	_____	_____	_____
() () ()	3)	6/29 – 7/3	_____	_____	_____	_____	_____	\$15 _____	3 \$ _____	_____	_____	_____	_____
() () ()	4)	7/6- 7/10	_____	_____	_____	_____	_____	\$20 _____	4 \$ _____	_____	_____	_____	_____
() () ()	5)	7/13-7/17	_____	_____	_____	_____	_____	\$30 _____	5 \$ _____	_____	_____	_____	_____
() () ()	6)	7/20-7/24	_____	_____	_____	_____	_____	\$15 _____	6 \$ _____	_____	_____	_____	_____
() () ()	7)	7/27- 7/31	_____	_____	_____	_____	_____	\$35 _____	7 \$ _____	_____	_____	_____	_____
() () ()	8)	8/3 – 8/7	_____	_____	_____	_____	_____	\$20 _____	8 \$ _____	_____	_____	_____	_____
() () ()	9)	8/10 - 8/14	_____	_____	_____	_____	_____	\$20 _____	9 \$ _____	_____	_____	_____	_____
() () ()	10)	8/17-8/21	_____	_____	_____	_____	_____	\$15 _____	10 \$ _____	_____	_____	_____	_____

Total weeks registered @ \$ _____ per week

Due upon Registration:Date _____

Camp amount ages 4 & 5 \$ _____

* Registration (\$30-1 child or \$45-family): \$ _____

Camp amount ages 6 + \$ _____

*30% non-refundable deposit: \$ _____

Subtotal \$ _____ minus deposit \$ _____

*T-shirt size: _____ @ \$10 x _____ \$ _____

Balance due: \$ _____ Weekly Fee \$ _____

*Total due: \$ _____ Amount paid: _____

Method of payment: _____ Date: _____ Staff Initials: _____