

**Koinonia School of Sports Summer Camp 2021**

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. \_\_\_\_\_

Both Parents'/Guardians' Names: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Town: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone # if different then cell #: \_\_\_\_\_

Mother: work #: \_\_\_\_\_ cell #: \_\_\_\_\_ Call 1<sup>st</sup> or 2<sup>nd</sup> (Circle)

Father: work #: \_\_\_\_\_ cell #: \_\_\_\_\_ Call 1<sup>st</sup> or 2<sup>nd</sup> (Circle)

Print Email address: \_\_\_\_\_

( ) Emergency contact (other than parents): Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Phone #: \_\_\_\_\_

Child #1 #2 #3	Weeks attending	weekly payments	\$25 early drop	\$25 late pick-up	\$45 swim lessons	\$20 field trip \$	total due	late fee	payment/date & method	staff initials
( ) ( ) ( ) 1	6/14 - 6/18	_____	_____ +	_____ +	_____ +	_____ +	= 1 \$ _____	_____	_____	_____
( ) ( ) ( ) 2	6/21 - 6/25	_____	_____ +	_____ +	_____ +	_____ +	= 2 \$ _____	_____	_____	_____
( ) ( ) ( ) 3	6/28 - 7/2	_____	_____ +	_____ +	_____ +	_____ +	= 3 \$ _____	_____	_____	_____
( ) ( ) ( ) 4	7/5 - 7/9	_____	_____ +	_____ +	_____ +	_____ +	= 4 \$ _____	_____	_____	_____
( ) ( ) ( ) 5	7/12 - 7/16	_____	_____ +	_____ +	_____ +	_____ +	= 5 \$ _____	_____	_____	_____
( ) ( ) ( ) 6	7/19 - 7/23	_____	_____ +	_____ +	_____ +	_____ +	= 6 \$ _____	_____	_____	_____
( ) ( ) ( ) 7	7/26 - 7/30	_____	_____ +	_____ +	_____ +	_____ +	= 7 \$ _____	_____	_____	_____
( ) ( ) ( ) 8	8/2 - 8/6	_____	_____ +	_____ +	_____ +	_____ +	= 8 \$ _____	_____	_____	_____
( ) ( ) ( ) 9	8/9 - 8/13	_____	_____ +	_____ +	_____ +	_____ +	= 9 \$ _____	_____	_____	_____
( ) ( ) ( ) 10	8/16 - 8/20	_____	_____ +	_____ +	_____ +	_____ +	= 10 \$ _____	_____	_____	_____

Total weeks registered \_\_\_\_\_ @ \$ \_\_\_\_\_ per week

Payable at time of registration

Camp amount ages 4 & 5 \$ \_\_\_\_\_

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

Camp amount ages 6 -12 \$ \_\_\_\_\_

\*30% non-refundable deposit: \$ \_\_\_\_\_

Subtotal \$ \_\_\_\_\_ minus deposit \$ \_\_\_\_\_

\*T-shirt size: \_\_\_\_/\_\_\_\_/\_\_\_\_ @ \$10 x \_\_\_\_ \$ \_\_\_\_\_

Balance due after dep.: \$ \_\_\_\_\_ Weekly Fee if applicable \$ \_\_\_\_\_

\* Total due/Reg time: \$ \_\_\_\_\_

Amount paid reg time: \_\_\_\_\_ Method of payment: \_\_\_\_\_ Date: \_\_\_\_\_ Staff Initials: \_\_\_\_\_