

Koinonia School of Sports Summer Camp 2022

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 1st or 2nd (Circle)

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

Print Email address: _____

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

Relationship to child: _____ Phone #: _____

Child #1 #2 #3	Weeks attending	weekly payment	\$25 early drop	\$25 late pick-up	\$50 swim lessons	\$20 weekly events	total due	late fee	payment/date & method	staff initials
() () () 1	6/13 – 6/17	_____	+ _____	+ _____	+ _____	+ _____	= 1 \$ _____	_____	_____	_____
() () () 2	6/20 – 6/24	_____	+ _____	+ _____	+ _____	+ _____	= 2 \$ _____	_____	_____	_____
() () () 3	6/27 – 7/1	_____	+ _____	+ _____	+ _____	+ _____	= 3 \$ _____	_____	_____	_____
() () () 4	7/5 - 7/8	_____	+ _____	+ _____	+ _____	+ _____	= 4 \$ _____	_____	_____	_____
() () () 5	7/11-7/15	_____	+ _____	+ _____	+ _____	+ _____	= 5 \$ _____	_____	_____	_____
() () () 6	7/18-7/22	_____	+ _____	+ _____	+ _____	+ _____	= 6 \$ _____	_____	_____	_____
() () () 7	7/25- 7/29	_____	+ _____	+ _____	+ _____	+ _____	= 7 \$ _____	_____	_____	_____
() () () 8	8/1 – 8/5	_____	+ _____	+ _____	+ _____	+ _____	= 8 \$ _____	_____	_____	_____
() () () 9	8/8 - 8/12	_____	+ _____	+ _____	+ _____	+ _____	= 9 \$ _____	_____	_____	_____
() () () 10	?????????	_____	+ _____	+ _____	+ _____	+ _____	= 10 \$ _____	_____	_____	_____

Total weeks registered age 5 _____ @ \$210 per week

Total weeks registered ages 6 -11 _____ @ \$200 per week

Payable at time of registration

Camp amount ages 5 \$ _____

* Registration (\$30-1 child or \$50-family): \$ _____

Camp amount ages 6 –11 \$ _____

*30% non-refundable deposit: \$ _____

Subtotal \$ _____ minus deposit \$ _____

\$ _____

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

* Total due/Reg time: \$ _____

Amount paid reg time: _____ Method of payment: _____ Date: _____ Staff Initials: _____