

**Koinonia School of Sports Summer Camp 2023**

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 from 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: \_\_\_\_\_

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

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

**Closed July 4**                      \$25        \$25        \$50        \$20

Child #1 #2 #3	Weeks attending	weekly payment	early drop	late pick-up	swim lessons	weekly events	total due	late fee	payment/date & method	staff initials
( ) ( ) ( ) 1	6/12 – 6/16	_____	_____ + _____	_____ + _____	_____ + _____	_____ = 1	\$ _____	_____	_____	_____
( ) ( ) ( ) 2	6/19 – 6/23	_____	_____ + _____	_____ + _____	_____ + _____	_____ = 2	\$ _____	_____	_____	_____
( ) ( ) ( ) 3	6/26 – 6/30	_____	_____ + _____	_____ + _____	_____ + _____	_____ = 3	\$ _____	_____	_____	_____
( ) ( ) ( ) 4	7/3- 7/7	_____	_____ + _____	_____ + _____	_____ + _____	_____ = 4	\$ _____	_____	_____	_____
( ) ( ) ( ) 5	7/10-7/14	_____	_____ + _____	_____ + _____	_____ + _____	_____ = 5	\$ _____	_____	_____	_____
( ) ( ) ( ) 6	7/17-7/21	_____	_____ + _____	_____ + _____	_____ + _____	_____ = 6	\$ _____	_____	_____	_____
( ) ( ) ( ) 7	7/24- 7/28	_____	_____ + _____	_____ + _____	_____ + _____	_____ = 7	\$ _____	_____	_____	_____
( ) ( ) ( ) 8	7/31 – 8/4	_____	_____ + _____	_____ + _____	_____ + _____	_____ = 8	\$ _____	_____	_____	_____
( ) ( ) ( ) 9	8/7 - 8/11	_____	_____ + _____	_____ + _____	_____ + _____	_____ = 9	\$ _____	_____	_____	_____
( ) ( ) ( ) 10	8/14 – 8/18	_____	_____ + _____	_____ + _____	_____ + _____	_____ = 10	\$ _____	_____	_____	_____

Total weeks registered age 5 \_\_\_\_\_ @ \$230 per week

Total weeks registered ages 6 -11 \_\_\_\_\_ @ \$220 per week

Payable at time of registration

Camp amount ages 5 \$ \_\_\_\_\_

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

Camp amount ages 6 –11 \$ \_\_\_\_\_

\*35% non-refundable deposit: \$ \_\_\_\_\_

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

T Shirt (Small, Med, Large,XL) \_\_\_\_\_

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

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

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