

Extended Day Enrichment Program
KINNAN ELEMENTARY COMET CAMP
Summer Registration 2021

\$40 NON-REFUNDABLE REGISTRATION FEE

\$125 WEEKLY FEE

\$100 WEEKLY FEE FOR WEEKS MAY 31- JUNE 4 AND JULY 5-9, 2020

(CLOSED ON May 31ST MEMORIAL DAY AND JULY 5TH FOR JULY 4TH OBSERVANCE)

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|---|--|---|---|
| <input type="checkbox"/> June 1 – 4, 2021 | <input type="checkbox"/> June 7 – 11, 2021 | <input type="checkbox"/> June 14 – 18, 2021 | <input type="checkbox"/> June 21 – 25, 2021 |
| <input type="checkbox"/> June 28 – July 2, 2021 | <input type="checkbox"/> July 6 – 9, 2021 | <input type="checkbox"/> July 12 – 16, 2021 | <input type="checkbox"/> July 19 – 23, 2021 |
| <input type="checkbox"/> July 26 – 30, 2021 | | | |

PLEASE CHECK APPROPRIATE BOX FOR WEEK(S) OF SERVICE.

CHILD'S NAME: _____ GRADE: _____ AGE: _____

WHO DOES CHILD LIVE WITH: BOTH PARENTS MOM DAD OTHER

NAME OF PRIMARY PARENT/GUARDIAN: _____ PHONE: _____

ADDRESS: _____ CELL PHONE: _____

CITY, STATE ZIP: _____ EMAIL ADDRESS: _____

WORK PLACE: _____ WORK PHONE: _____

DRIVER'S LICENSE NUMBER: _____

NAME OF OTHER PARENT/GUARDIAN: _____ PHONE: _____

ADDRESS: _____ CELL PHONE: _____

CITY, STATE ZIP: _____ EMAIL ADDRESS: _____

WORK PLACE: _____ WORK PHONE: _____

DRIVER'S LICENSE NUMBER: _____

EMERGENCY CONTACTS: _____ PHONE: _____

_____ PHONE: _____

_____ PHONE: _____

FAMILY DOCTOR'S NAME: _____ PHONE: _____

MEDICAL CONCERNS WE SHOULD BE AWARE OF (ALLERGIES, ETC.): _____

NAMES OF PERSONS, OTHER THAN PARENTS, TO WHOM YOUR CHILD MAY BE RELEASED:

BY SIGNING BELOW, I HEREBY AGREE TO ABIDE BY AND HAVE SIGNED THE TERMS AND CONDITIONS OF THE PROGRAM AND THE PARENT HANDBOOK. I FURTHER AGREE THAT ANY CHECK THAT IS RETURNED UNPAID, MAY BE RE-PRESENTED ELECTRONICALLY FOR PAYMENT, AND I AGREE THAT A SEPARATE ELECTRONIC DEBIT FROM THE ACCOUNT ON WHICH THE CHECK IS DRAWN MAY BE MADE FOR ANY SERVICE FEES ASSOCIATED WITH THE OLLECTION OF SUCH CHECK AS FURTHER DESCRIBED IN PARAGRAPH 6 OF THE TERMS AND CONDITIONS OF THE PROGRAM.

SIGNATURE: _____ PRINT NAME: _____ DATE: _____

SCHOOL USE ONLY

REGISTRATION PAID: DATE: _____ CASH: CHECK: NUMBER: _____