

**Extended Day Enrichment Program**  
**KINNAN ELEMENTARY COMET CAMP**  
**Summer Registration 2022**

**\$40 NON-REFUNDABLE REGISTRATION FEE**  
**\$125 WEEKLY FEE**  
**\$100 WEEKLY FEE FOR WEEKS MAY 31- JUNE 3 AND JULY 5-8, 2022**  
**(CLOSED ON May 30<sup>TH</sup> MEMORIAL DAY AND JULY 4<sup>TH</sup> OBSERVANCE)**

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

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> May 31 - June 3, 2022 | <input type="checkbox"/> ALL 9 WEEKS            | <input type="checkbox"/> June 13 - 17, 2022 |
| <input type="checkbox"/> June 20 - 24, 2022    | <input type="checkbox"/> June 6 - 10, 2022      | <input type="checkbox"/> July 5 - 8, 2022   |
| <input type="checkbox"/> July 11 - 15, 2022    | <input type="checkbox"/> June 27 - July 1, 2022 | <input type="checkbox"/> July 25 - 29, 2022 |
|  | <input type="checkbox"/> July 18 - 22, 2022     |   |

CHILD'S NAME: \_\_\_\_\_ 2022-2023 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: \_\_\_\_\_

WORKPLACE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

DRIVER'S LICENSE NUMBER: \_\_\_\_\_

NAME OF OTHER PARENT/GUARDIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

CITY, STATE ZIP: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

WORKPLACE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

DRIVER'S LICENSE NUMBER: \_\_\_\_\_

EMERGENCY CONTACTS: \_\_\_\_\_ 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: \_\_\_\_\_

<b>SCHOOL USE ONLY</b>		
REGISTRATION PAID: _____	DATE: _____	CASH: <input type="checkbox"/> CHECK: <input type="checkbox"/> NUMBER: _____