

Koinonia School of Sports Summer Camp 2019

Rte. 21, Box 321, Thompson, Ct 06277 ~ 860-928-6420~www.koinoniafitness.com

Registration

Child #1: _____ Age: _____ D.O.B. _____

Child #2: _____ Age: _____ D.O.B. _____

Child #3: _____ Age: _____ D.O.B. _____

Parents'/Guardians' Names: _____

Mailing Address: _____ Town: _____

State: _____ Zip: _____ Home Phone #: _____

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

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

Email address: _____

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

Relationship to child: _____ Phone #: _____

Child	Weeks	3/5	\$20	\$20	\$30								
#1 #2 #3	attending	#of days	weekly payments	early drop	late pick-up	swim lessons	field trip	total due	late fee	payment/date & method	staff initials		
() () () 1	6/17 – 6/21	_____	_____	_____	_____	_____	NA	1 \$_____	_____	_____	_____	_____	_____
() () () 2	6/24 – 6/28	_____	_____	_____	_____	_____	\$30	2 \$_____	_____	_____	_____	_____	_____
() () () 3	7/1 – 7/5	_____	_____	_____	_____	_____	\$15	3 \$_____	_____	_____	_____	_____	_____
() () () 4	7/8- 7/12	_____	_____	_____	_____	_____	\$30	4 \$_____	_____	_____	_____	_____	_____
() () () 5	7/15-7/19	_____	_____	_____	_____	_____	\$30	5 \$_____	_____	_____	_____	_____	_____
() () () 6	7/22-7/26	_____	_____	_____	_____	_____	\$15	6 \$_____	_____	_____	_____	_____	_____
() () () 7	7/29-8/2	_____	_____	_____	_____	_____	@25/8	7 \$_____	_____	_____	_____	_____	_____
() () () 8	8/5 –8/9	_____	_____	_____	_____	_____	\$15	8 \$_____	_____	_____	_____	_____	_____
() () () 9	8/12-8/16	_____	_____	_____	_____	_____	\$25	9 \$_____	_____	_____	_____	_____	_____
() () () 10	8/19-8/23	_____	_____	_____	_____	_____	NA	10 \$_____	_____	_____	_____	_____	_____

Total weeks registered @ \$_____ per week

Due upon Registration:

Camp amount ages 4 & 5 \$_____

* Registration (\$30-1 child or \$40-family): \$_____

Camp amount ages 6 + \$_____

*30% non-refundable deposit: \$_____

Subtotal \$_____ minus deposit \$_____

*T-shirt size: _____ @ \$10 x _____ \$_____

Balance due: \$_____ Weekly Fee \$_____

*Total due: \$_____ Amount paid: \$_____

Method of payment: _____ Date: _____ Staff Initials: _____