

PRESCHOOL SUMMER DAY CAMP RATES

Summer Rate Schedule: May 30 - August 22	Full Day (5 days 7:30am-5:30pm) \$200 per week	Part Time (5 days 9:00am-12:00pm) \$100 per week
	Family Rate \$200 for 1st Camper \$175 for 2nd Camper \$150 for Additional Campers	

Week	Check the box below for the camps you'd like to attend. A reminder call, email and or text will be sent as a reminder the week prior to camp.
May 29-Jun1	
June 4 - 8	
June 11 - 15	
June 18 - 22	
June 25 - 29	
July 2 - 6	KBM Closed
July 9 - 13	
July 16 - 20	
July 23 - 27	
July 30 - Aug 3	
Aug 6 - 10	
Aug 13 - 17	
Aug 20 - 22	

HOW TO HOLD YOUR CAMPER'S "SPOT" AT SUMMER DAY CAMP

Reserve your campers spot at camp by paying for the week of camp they want to attend. Spots will be filled only when a payment is made.

Register in advance to receive a reminder call the Monday or Tuesday prior to the week of camp you're camper is registered for.

Have you pre-paid for a camp and can't attend?

Reimbursements will be made in full up to the Wednesday, at 5:30pm before the week of camp your camper is registered for. **THERE WILL BE NO REIMBURSEMENT AFTER THAT DAY.**

Do you qualify for child care assistance of any kind? Yes/No If yes, please specify here: _____

Billing Information

Please take time to read the Notes from the Accountant's Office on page 4-5 of the Parent Handbook.	
I would like the bill for _____ (child's name) to be	
<input type="checkbox"/>	Left for me in the sign out book
<input type="checkbox"/>	Mailed to me at:
<input type="checkbox"/>	Emailed to me at:
I understand that to register for summer I must not have an outstanding balance.	
Signature: _____	Date: _____

KODIAK BAPTIST MISSION SUMMER PROGRAM REGISTRATION

Child's name:	Date of birth:
Entering Grade:	Age

INFORMATION OF PARENT(S) OR GUARDIAN(S) LEGALLY RESPONSIBLE FOR THE CHILD:

Name:	Name:
Relationship:	Relationship:
Mailing Address:	Mailing Address:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Cell:	Cell:
Email:	Email:
Any special instructions for reaching parents/guardians during the day:	

Release Signatures

By signing below you are agreeing to the outlined information found in the parent handbook (see page numbers below).

Photo Release: pg. 6	Signature:	Date:
Farm Release: pg. 6	Signature:	Date:
Horsemanship Release: pg. 6-7	Signature:	Date:
Moderate Risk Activity Release: pg. 8	<input type="checkbox"/> Hiking <input type="checkbox"/> Gymnastics <input type="checkbox"/> Climbing Wall <input type="checkbox"/> Swimming <input type="checkbox"/> Challenge Course(low&high elements) <input type="checkbox"/> Tide-Pooling <input type="checkbox"/> Campfire Cooking <input type="checkbox"/> Fishing Signature:	Date:
Field Trip Release: pg. 8	Signature:	Date:
School Age Only For Carseat Use	Child's Height:	Child's Weight:
Childcare Payment Contract : pg. 9	Signature:	Date:

I have received and agree to the terms of the KBM Parent Handbook.

Parent/Guardians Signature: _____ Date: _____