

Camp Keyspot 2022	Child Last Name:
	Child First Name:
DOB:/Age:	Entering Grade:
KnownAllergies:	
SPONSOR INFORMTION	
*Sponsor Name:	Relationship to Child:
Last Name, First Name	
Home Address:	
	Cell Phone # : ()
Email Address Please print in ALL CAPS	
	Relationship to Child:
Last Name, First Name	
Home Address: Street, City, State, ZIP	
	Cell Phone # : ()
Email Address Please print in ALL CAPS	
CHILD IS IN THE CUSTODY OF: MOTH	ER FATHER BOTH OTHER:
MEDICAL INFO	
*Doctor Name:	Phone #: ()
Last Name, First Name	
Insurance Carrier:	Policy Number:
*Dentist Name:	Phone #: ()
Last Name, First Name	
My child does not have health insurance (Che	ck if Applicable)
Emergency Contacts — Please list persons within a 10 mile rac	
1. Last Name, First Name	Phone #: ()
2	Phone #: ()
Last Name, First Name	Phone #: ()
Authorized Sign Out Persons – You are authorizing the p	
1.	Phone #: () -
	Phone #: ()
2. Last Name First Name	Phone #: ()
Last Ivalie, Flist Ivallie	
DATE RECIVED CHECK AMOU	NT CHECK #

		Child Last Name: Child First Name: Grade 2022-2023 School Year:					
FEE SCHEDULE							
4 WEEKS / MONTH Must be in a calendar month	5 Days/Wk = \$1,300	4 Days/Wk = \$1,100	5% OFF TOTAL CAMP FEES				
3 WEEKS / MONTH Must be in a calendar month	5 Days/Wk = \$1,100	4 Days/Wk = \$900	IF PAID IN FULL BY APR 29, 202 2				
SIBLING DISCOUNT	10% OFFFOR THE SIBLING WITH EQUAL OR LESS SCHEDULES CARE						

PLEASE CHOOSE DAYS BELOW. CIRCLE WEEK # IF IT IS A FULL WEEK

JUNE 2021 - FEES DUE APRIL 21, 2021									
	MON	TUE	WED	THU	FRI	NOTES			
WEEK 1	6-Jun	7-Jun	8-Jun	9-Jun	10-Jun				
WEEK 2	13-Jun	14-Jun	15-Jun	16-Jun	17-Jun				
WEEK 3	20-Jun	21-Jun	22-Jun	23-Jun	24-Jun				
WEEK 4	27-Jun	28-Jun	39-Jun	30-Jun	1-Jul				
				TOTAL COST	\$				
		JULY 20	21 - FEES DUE MA	Y 19, 2021					
	MON	TUE	WED	THU	FRI	NOTES			
WEEK 5	4-Jul Keyspot Closed	5-Jul	6-Jul	7-Jul	8-Jul				
WEEK 6	11-Jul	12-Jul	13-Jul	14-Jul	15-Jul				
WEEK 7	18-Jul	19-Jul	20-Jul	21-Jul	22-Jul				
WEEK 8	25-Jul	26-Jul	27-Jul	28-Jul	29-Jul				
				TOTAL COST FOR JULY 2022: \$		\$			
CHECK OR CASH ONLY			SUB TOTAL:						
PLEASE MAKE ALL PAYMENTS TO KEYSPOT		TOTAL PAYMENT DISCOUNT 5%:							
KL131 O I			TOTAL AMOUNT DUE:						