

Weeks you would like to register for: (Please list the first name of each child you would like to register under the week you would like them to attend.)

TIME WARP WEEK 7/5-7/8	ADVENTURE WEEK 7/11-7/15	HOLIDAY WEEK 7/18-7/22	EXTREME WEEK 7/25-7/29
1. _____	1. _____	1. _____	1. _____
2. _____	2. _____	2. _____	2. _____
3. _____	3. _____	3. _____	3. _____
THE AMAZING RACE 8/1-8/4	DRAMA WEEK 8/8-8/12	CARNIVAL WEEK 8/15-8/19	
1. _____	1. _____	1. _____	
2. _____	2. _____	2. _____	
3. _____	3. _____	3. _____	

***After camp care is offered from 3:30 p.m. to 5:30 p.m. M-Th. Your children must be picked up by 5:30 or you will be charged a late fee. You may leave your child(ren) on any day. Please inform us in writing which days your child will be staying for after care. After Care is \$5.00 per hour.

I give my permission for my child(ren) to participate in Koinonia & YAS Day Camp, and walk to and from Action Cove Playground from West Newbury Congregational Church when accompanied by Day Camp staff. I will submit a Health Record to the camp prior to attending and give my permission for my child to be treated at the nearest medical facility in case of emergency. In case of injury to my child while he/she is participating in the day camp, I hereby waive all claims against Koinonia Day Camp, staff and The West Newbury Congregational Church. By signing I also give my permission for my child(ren) to appear in any publicity photos and brochures of the camp or I will notify the director in person if this is a problem. **If applicable (child 6th-8th grade): I allow my child to walk to and from The West Newbury Pizza Company and/or The West Newbury Food Mart with a camp counselor.**

Signature of parent or guardian: _____ Date _____

PAYMENT BOX
REGISTRATION BEFORE JUNE 1ST

CHILD#1 _____ WKS \$115.00 EACH = _____
 CHILD#2 _____ WKS \$110.00 EACH = _____
 CHILD#3 _____ WKS \$110.00 EACH = _____

FOR OFFICE USE:
 Registration confirmation ___
 Entered in computer ___
 Health Forms in ___
 Deposit 50% total cost ___

REGISTRATION FOR WKS OF 7/5-7/8 & 8/1-8/4
 _____ WKS \$100.00 = _____

REGISTRATION AFTER JUNE 1ST
 CHILD#1 _____ WKS \$125.00 EACH = _____
 CHILD#2 _____ WKS \$120.00 EACH = _____
 CHILD#3 _____ WKS \$120.00 EACH = _____

REGISTRATION FOR WKS OF 7/6-7/9 & 8/2-8/5 AFTER JUNE 1ST
 _____ WKS \$100.00 = _____

***LESS 50% DEPOSIT = _____ TOTAL _____

BALANCE OF DEPOSIT FOR ALL WEEKS DUE BY JUNE 1ST FOR EARLY REGISTRATIONS

***** EARLY REGISTRATION ONLY. LATE REGISTRATION BALANCES DUE IN FULL AT SIGN UP.**