

Koinonia YAS Camp
 Summer 2010 Registration Form
 A Ministry of the Congregational Church
 308 Main Street, Box 176, West Newbury MA 01985
 For youth entering grades 7-10

Child(ren)'s Name(s):	Grade Completed:	Birth Date:	T-SHIRT SIZE
1. _____	1. _____	1. _____	1. _____
2. _____	2. _____	2. _____	2. _____
3. _____	3. _____	3. _____	3. _____

Parents Names:	Place of employment:	Work Phone:
1. (Mom) _____	1. _____	1. _____
2. (Dad) _____	2. _____	2. _____

Home Address: _____ City: _____

State: _____ Zip Code: _____ Home Phone: _____

Cell Phone: _____ Pager: _____ Email Address: _____

Emergency Contacts: (A neighbor, friend or relative who can be contacted and trusted with your child(ren) in the event of an emergency or illness if a parent is unable to be reached.)

Name:	Phone:	Relationship to child:
1. _____	1. _____	1. _____
2. _____	2. _____	2. _____
3. _____	3. _____	3. _____

MEDICAL INSURANCE INFORMATION: (Must be completed for your children to be registered.)

MEDICAL INSURANCE COMPANY: _____

COMPANY PHONE NUMBER: _____

POLICY#: _____

INSURANCE HOLDERS PLACE OF EMPLOYMENT: _____

PLEASE LIST ANY MEDICATION YOUR CHOLD IS CURRENTLY ON:
 (Including over the counter medication)

1. _____	2. _____	3. _____
----------	----------	----------

OVER →

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.)

HOLIDAY WEEK
7/16-7/19

OUTDOOR ADVENTURE
7/12-7/16

WORLD CRUISE
7/19-7/23

- 1. _____
- 2. _____
- 3. _____

- 1. _____
- 2. _____
- 3. _____

- 1. _____
- 2. _____
- 3. _____

EXTREME WEEK
7/26- 7/30

GAMES WEEK
8/2-8/5

DRAMA
8/9-8/13

CARNIVAL WEEK
8/16-8/20

- 1. _____
- 2. _____
- 3. _____

- 1. _____
- 2. _____
- 3. _____

- 1. _____
- 2. _____
- 3. _____

- 1. _____
- 2. _____
- 3. _____

***After camp care is offered from 3:30 p.m. to 5:30 p.m. M-F. 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 day or 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 Day Camp, and walk to and from Action Cove Playground from West Newbury Congregational Church when accompanied by YAS 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. I allow my child to walk to and from The West Newbury Pizza Company and/or The West Newbury Food Mart.

Signature of parent or guardian: _____ Date _____

PAYMENT BOX

REGISTRATION BEFORE JUNE 1ST

CHILD#1 _____ WKS \$100.00 EACH = _____
 CHILD#2 _____ WKS \$95.00 EACH = _____
 CHILD#3 _____ WKS \$95.00 EACH = _____

FOR OFFICE USE:
 Registration conformation _____
 Entered in computer _____
 Health Forms in _____
 Deposit 50% total cost _____

REGISTRATION FOR WKS OF 7/16-7/19 & 8/2-8/5
 _____ WKS \$80.00 = _____

REGISTRATION AFTER JUNE 1ST (MUST BE PAID IN FULL)

CHILD#1 _____ WKS \$125.00 EACH = _____
 CHILD#2 _____ WKS \$120.00 EACH = _____
 CHILD#3 _____ WKS \$120.00 EACH = _____

REGISTRATION FOR WKS OF 7/16-7/19 & 8/2-8/5
 _____ WKS \$100.00 = _____

***LESS 50% DEPOSIT = _____ TOTAL _____

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