KIDSPORTS PROGRAM REGISTRATION 2025

1. Complete a separate registration form for each child. Pre-registration is required.

Child's Name

- 2. Check the desired days and weeks in the bottom section of this form. Indicate if you will need early drop off and/or late pick up. ABSOLUTELY NO SCHEDULE CHANGES WILL BE ALLOWED AFTER 6/10/25. NO EXCEPTIONS!
- 3. Anon-refundable, non-transferable deposit of 40.00 per week is required at time of registration. Sibling discounts available. Vouchers accepted.
- 4. There is a registration fee of \$30.00 per child. (Maximum of \$75.00 per family.) This will include a summer program t-shirt for each child that <u>MUST BE</u> worm for all off-site trips. Additional shirts are available for purchase for \$12.00 each. Kidsports is not responsible for lost or misplaced t-shirts. Please label each shirt with your child's name.
- 5. Payment for each program week is due in full the Friday prior to the week of the program. There will be a late fee charge of \$5.00 per day for late payments,
- 6. All required paperwork must be submitted before your child begins in the program. If your child requires medication, there are additional forms and procedures that must be followed. Please contact the program coordinator for assistance.

_ Age_____Date of Birth____/____Sex: M F

7. It is the responsibility of the parent to pick up a copy of each week's agenda and to make sure the child is on time and prepared for the activities of the day. Please refer to your Summer Program Handbook for all specific program policies and procedures.

Address				City/Town					Zip			
Mother's Name				Father's Name								
Mother's Address				Father's Address								
Mother's Home/Cell Phone				Father's Home/Cell Phone								
Mother's Work Phone				Father's Work Phone								
Email Address												
Allergies/Medicati	on											
Incase of Emergency Call:				Relationship				P	Phone			
REGISTRATION	FEE: \$30.00 Dat	e Paid	_//:	2025	Staff Initials							
Camp dates	Days of the week (circle)	Early Drop Off	Late Pick Up	Total Program Cost	Field Trip Fee	Deposit Amount	Date Paid	Staff Initials	Balance Due	Balance Paid	Date	
*6/18-6/20	W Th F	Y/N	Y/N									
6/23 - 6/27	MTWThF	Y/N	Y/N									
6/30 - 7/3	м т w,тн	Y/N	Y/N									
7/7 - 7/11	M T W Th F	Y/N	Y/N		\$30.00							
*7/14-7/18	MTWThF	Y/N	Y/N									
7/21-7/25	MTWThF	Y/N	Y/N									
7/28 - 8 /1	MTWThF	Y/N	Y/N		\$30.00							
8 /4 - 8/8	MTWThF	Y/N	Y/N									
8/11 - 8/15	MTWThF	Y/N	Y/N		1							
8/18 - 8/22	MTWThF	Y/N	Y/N									
8/25 - 8/29	MTWTHF	Y/N	Y/N									