|  |  |
| --- | --- |
| Kiddie Koach Camp Camp Application 443-657-3345 / 443-405-2524 [www.janetslove.com](http://www.janetslove.com) |  |

## Parent OR Guardian Contact Information

|  |  |
| --- | --- |
| Name |  |
| Street Address |  |
| City St zip code |  |
| Home Phone or cell |  |
| E-Mail Address |  |

### How many days a week do you need Will your camper be attending \_\_\_\_\_ Camp

### hours 8:30 to 5:00 \_\_\_

### hours 6:30 to 7:30

### Car seat information is only if you need of transportation.

|  |  |
| --- | --- |
| \_\_\_ Morning 6:20 am | \_\_\_\_ Pay weekly \_\_\_\_ Infant and Toddler seat |
| afternoons 12 | \_\_\_\_ Pay by-weekly \_\_\_\_ High back car seat |
| evenings 7:30pm | \_\_\_\_Pay Monthly \_\_\_\_ Booster seat |

## Camp Ages Pick up or Drop off locations

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  |  |  |
| Name |  |  |  |
| Name |  |  |  |
| Name |  |  |  |

## Person to Notify in Case of Emergency

|  |  |
| --- | --- |
| Name |  |
| Street Address |  |
| City ST ZIP Code |  |
| Home Phone or cell |  |

## Agreement and Signature: By signing this agreement, I affirm that Kiddie Koach Camp have permission to transport passenger or passengers name list above for camp activities. I understand that I am opting into Kiddie Koach Camp. I am accepting and will abide by the policy and choices to do otherwise will be a breach of the agreement services will end immediately. I also understand there will be no deduction for school closing, Holiday, Snow days, etc. If you have enrolled in our non-discount program this will not apply to you. Please note all Funds nonrefundable. Our Policy and Rules.

### It is the policy of this organization to provide supporting service based upon the amount paid in advance. If three or more cancellation occurs without notification via text or phone, Agreement will end immediately **without refunds**. Thank you or allow us to provide you a service

|  |  |
| --- | --- |
| Name (printed) |  |
| Signature |  |
| Date |  |