



KFN Day Camp Church Registration

Please update & send top page only with every payment.

Church Name: _____
 Leader Registering Group: _____
 Church Phone: (____) _____ Leader's Phone: (____) _____
 Church Address: _____
 City: _____ State: _____ Zip: _____
 Email (Church / Leader): _____

Please contact me at: Church Home
 We want to register for: Session A (June 28-July 2) Session B (July 5-9)

Campers In Your Group

(If a child is an Islander, please indicate a swim level to ensure they are assigned to an appropriate group –see registration form for more information.)

	<u>Name</u>		<u>Grade</u>		<u>Swim Level</u>	Office Use Only		
						Reg.	Dep.	Comp
1.	_____	___	M / F	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	_____	___	M / F	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	_____	___	M / F	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	_____	___	M / F	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	_____	___	M / F	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	_____	___	M / F	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	_____	___	M / F	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	_____	___	M / F	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	_____	___	M / F	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	_____	___	M / F	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	_____	___	M / F	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	_____	___	M / F	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	_____	___	M / F	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	_____	___	M / F	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	_____	___	M / F	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Total Girls _____
 Total Boys _____

Total Leaders: (If Applicable) _____



KFN Day Camp Church Worksheet

Group Rate (10+ campers for 1 week)

	<u>Cost</u>		<u># of Campers</u>		<u>Total</u>
Regular (by May 21st)	\$88	x	_____	=	\$ _____
Late (After May 21st)	Add \$20	x	_____	=	\$ _____

Individual Rates or Groups of less than 10 campers

Session A or B

	<u>Cost</u>		<u># of Campers</u>		<u>Total</u>
Regular (by May 21 st)	\$98	x	_____	=	\$ _____
Late (after May 21 st)	Add \$20	x	_____	=	\$ _____

Both Sessions

Regular (by May 21st)	\$180	x	_____	=	\$ _____
Late (after May 21st)	Add \$20	x	_____	=	\$ _____

Leaders

Registration	\$40	x	_____	=	\$ _____
Background Checks	\$25	x	_____	=	\$ _____

(See leader's registration form for more information.)

Church Total: \$ _____

Deposit

The balance is due by June 11th.

Deposit	\$40	x	_____	=	\$ _____
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KFN Day Camp Church Worksheet Cont.

Finance Overview

Church Total: \$ _____
Deposit Paid: - \$ _____
Other Payments: - \$ _____
Total Amount Due: = \$ _____

Payment Information

Deposits I am paying today: _____ \$ _____
 Payment I am making today on our account: \$ _____
Total Payment: \$ _____

Method of Payment

Cash (Please do not send cash through the mail)
 Check
 Credit Card
Card Type: Amex Master Card Visa Discover
Card #: _____ Security Code: _____
Exp. ____/____
Cardholder Name: _____
Signature: _____

Other Registration Information

Individual camper and leader registration forms should be submitted no later than **June 11th** for processing.

Refund Policy

Each camper's \$40 deposit is non-refundable. In the event that you choose not to come to KFN Day Camp, all balance refunds must be requested in writing two weeks prior to your arrival, or a refund will not be given. Refunds applicable only if registered at the regular rate.



For Your Records

Campers

	<u>Name</u>	<u>Grade</u>	<u>Application</u>	<u>Deposit</u>	<u>Pd. in full</u>	
1.	_____	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	_____	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	_____	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	_____	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	_____	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	_____	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	_____	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	_____	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	_____	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	_____	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	_____	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	_____	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	_____	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	_____	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	_____	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.	_____	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.	_____	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.	_____	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.	_____	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20.	_____	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>