

2019 Camp Keyspot Registration Form



Family Name _____ Home Phone Number _____

Child 1 _____ Grade in Fall 19' _____ Date of Birth _____

Child 2 _____ Grade in Fall 19' _____ Date of Birth _____

Child 3 _____ Grade in Fall 19' _____ Date of Birth _____

Parent/Guardian 1 _____ Daytime Contact Number _____

Email Address _____ Home Address _____

Parent/Guardian 2 _____ Daytime Contact Number _____

Email Address _____ Home Address _____

Registration Fees	Camp Rates								
<p>Registration fee is due at the time of registration. Please include a check made out to Murwood Keyspot.*</p> <p>Single Child Registration Fee: \$55 Family Registration Fee: \$80</p> <p>*After 6/1/19: Single Child Registration Fee: \$105 Family Registration Fee: \$155</p>	<p>Full Week: \$320* for registration and schedules received by 6/1 *\$220 for 4th of July Holiday week Rate increase 10% for all registration received <i>after</i> 6/1</p> <table border="0"> <thead> <tr> <th data-bbox="701 1031 971 1058">Full Day Rates</th> <th data-bbox="992 1031 1154 1058">Half Day Rates</th> </tr> </thead> <tbody> <tr> <td data-bbox="701 1079 971 1106">Mon or Fri: \$80</td> <td data-bbox="992 1079 1333 1106">Half Day AM (M, T, TH or F) \$55</td> </tr> <tr> <td data-bbox="701 1110 971 1138">Tue or Thu: \$85</td> <td data-bbox="992 1110 1260 1138">Half Day PM (M or F) \$55</td> </tr> <tr> <td data-bbox="701 1169 971 1197">Wednesday: \$130</td> <td data-bbox="992 1142 1268 1169">Half Day PM (T or TH) \$60</td> </tr> </tbody> </table>	Full Day Rates	Half Day Rates	Mon or Fri: \$80	Half Day AM (M, T, TH or F) \$55	Tue or Thu: \$85	Half Day PM (M or F) \$55	Wednesday: \$130	Half Day PM (T or TH) \$60
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Waiver of Liability: I hereby accept any and all responsibility for, and assume the risk of any and all injury or damage to myself or dependent children which might arise directly as a result, and or participation in the Murwood Keyspot, Inc. program, and all employees and volunteers in their capacities as representatives of Murwood Keyspot, Inc. exempt for injuries caused intentionally, or by willful misconduct. I certify that I am familiar with the contents of this release, that I have read and understand the same, and that it is my intention by signing this release that the same be binding not only on me, but my heirs, administrator, executives, successors, and assigns.

I give Murwood Keyspot permission to apply sunscreen as needed. I will provide sunscreen if my child requires a specific brand. I will inform Murwood Keyspot of any and all allergies/sensitivities to sunscreen my child may have.

Cancellations/refunds: I understand that the camp registration is non-refundable. I also understand that camp time must be cancelled two weeks prior to the start of each session in order to avoid charges.

Parent/Guardian Signature _____ Date _____

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Camper Schedule 2019

Please select the appropriate schedule for your child to ensure proper reservation & billing.

AM = (8:30 am – 12:30 pm) **PM** = (12:30 pm – 4:30 pm) **FD** = 7:00 am – 6:00 pm

Camper Name:								
Week	Dates	MON	TUE	WED	THU	FRI	Total Tuition	Payment Due Date
1	6/10 – 6/14							6/1/19
2	6/17 – 6/21							6/1/19
3	6/24 – 6/28							6/1/19
*4	7/1 – 7/5				CLOSED	CLOSED		7/1/19
5	7/8 – 7/12							7/1/19
6	7/15 – 7/19							7/1/19
7	7/22 – 7/26							7/1/19
8	6/29 – 8/2							8/1/19
9	8/5 – 8/9							8/1/19

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*4th of July Week