

# Welcome to Camp Keyspot 2013

## CIT PROGRAM 2013

We understand that you have a choice of Summer Camps and we are grateful you have chosen Camp Keyspot. I am confident your child will have a great time this summer. Attached you will find all you need to register for Camp Keyspot 2013.

**Please return this packet along with your 1<sup>st</sup> Payment by April 26, 2013.**

**\$100.00 Late Registration Fee After May 24, 2013**

***\*\*\*PAY FOR CAMP IN FULL BY MAY 24, 2013\*\*\****

***\*\*\*and take 10% off your total camp fees\*\*\****

***\*\*\*That is a possible savings of \$242.00!\*\*\****

### ***Here are few DO'S for the summer...***

- DO have your child at camp by 9:00am for morning meeting whenever possible
- DO pack a lunch everyday
- DO put sunscreen on your child everyday
- DO pack a water bottle for your child everyday
- DO Sign your child IN and OUT on the computer as well as the sheet. (We'll help you with this one on the first day)
- DO have a dedicated SWIM BAG for swim days (Towel, Suit, Snack, Water Bottle, Sunscreen)

### ***Summer Camp Payment Schedule***

- 1<sup>st</sup> summer payment is due April 26, 2013 for weeks 1-3.
- 2<sup>nd</sup> summer payment is due May 24, 2013 for weeks 4-6.
- Final summer payment is due June 28, 2013 for weeks 7-9
- Pay for camp IN-FULL by 5/24/2013 and take 10% OFF your total camp fees.

We look forward to meeting you and your family this summer. If you have any questions please feel free to contact me at any time. Again, thank you for choosing Camp Keyspot 2012. We look forward to serving you and your family.



# Camp Keyspot 2013

## CIT Program

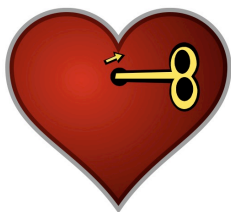
This program is designed for young adults in Junior High school to have an opportunity to help with summer day camp activities as well as have an opportunity for age appropriate activities and trips. CIT's are expected to be at Camp by 9:00am on their scheduled days to help with activities.

### *Daily Schedule*

7:00am – 9:00am	Extended Care
9:00am – 11:30am	Help with Activities
11:30am – 12:00pm	Help Activity Clean Up
12:00pm – 12:30pm	Lunch
12:30pm – 1:30pm	CIT Free Time
1:30pm – 3:30pm	
	Mondays – Bike Ride
	Tuesdays – Fieldtrip (CIT Trip – All Day)
	Wednesday - Pool
	Thursdays – Fieldtrip
	Friday - Pool
3:30pm – 4:00pm	– Help with Snack
4:00pm – 6:15pm	– Extended Care

### *Weekly Schedule*

<b>Mon</b>	AM – Activity Help PM – Bike Ride
<b>Tue</b>	CIT TRIP DAY – All Day (See Calendar for details)
<b>Wed</b>	AM – Activity Help PM – Pool
<b>Thu</b>	FIELDTRIP DAY – All Day - CIT will help with the loading and unloading supplies, bags, etc off of the bus as well as supervising kids while getting on and off the bus.
<b>Fri</b>	AM – Activity Help PM - Pool



Parkmead Keyspot Inc.  
1920 Magnolia Way  
Walnut Creek, CA 94595  
(925) 939-1543 – Office  
(925) 939-5942 – Fax  
www.keyspot.org

Please read the statements below and initial the acknowledgement boxes on the Parkmead Keyspot Inc. Emergency Info and ID Sheet.

### **Parkmead Keyspot Fieldtrip Permission Statement**

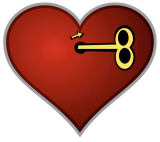
**\*Please read and initial on the Parkmead Keyspot Inc. Emergency Info & ID Sheet**

*I hereby grant my consent to Parkmead Keyspot, Inc. to accompany my child away from the Parkmead School Site for such activities as fieldtrips, overnights, and swimming. I grant my permission for my child to be transported by foot, bike, chartered bus, public transportation, or by private automobile when notified. I understand that any private automobile, and its driver, used to transport my child, will have insurance that meets or exceeds those standards used by the Walnut Creek School District Guidelines.*

### **Parkmead Keyspot Waiver of Liability Statement**

**\*Please read and initial on the Parkmead Keyspot Inc. Emergency Info & ID Sheet**

*All participation in recreation programs is based on the premise that the participation is purely voluntary. Participation in virtually all recreation and craft activities involves the assumption of some personal risk. Participation with Parkmead Keyspot constitutes acknowledgement, assumption, and acceptance, of the risk by the legal parent/guardian for their participating child.*



**Parkmead Keypot Inc**  
**Emergency Info & ID Sheet**  
**2013-2014**

Child Last Name: \_\_\_\_\_

Child First Name: \_\_\_\_\_

MALE FEMALE DOB / /

Entering Grade \_\_\_\_\_ Room # \_\_\_\_\_

Known Allergies\* \_\_\_\_\_

\*Please attache special directions if needed

School Year Registration Fees	
New Family: \$200.00	Returning Family: \$100.00

**PRIMARY CONTACT INFO**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 HOME # \_\_\_\_\_ CELL # \_\_\_\_\_ WORK # \_\_\_\_\_  
 EMAIL \_\_\_\_\_

**ALTERNATE CONTACT INFO**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 HOME # \_\_\_\_\_ CELL # \_\_\_\_\_ WORK # \_\_\_\_\_  
 EMAIL \_\_\_\_\_

Child is in the custody of: Mother Father Both Other: \_\_\_\_\_

**CHILD HEALTH INSURANCE INFO**

Doctor's Name \_\_\_\_\_ Phone # \_\_\_\_\_  
 Health Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_  
 Hospital: John Muir Kaiser Other:  CHILD HAS NO HEALTH INSURANCE  
 Dentist Name \_\_\_\_\_ Phone # \_\_\_\_\_  
 Dental Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_

**EMERGENCY CONTACTS (WITHIN 10 MILES)**

EC #1 NAME \_\_\_\_\_ Phone # \_\_\_\_\_  
 EC #2 NAME \_\_\_\_\_ Phone # \_\_\_\_\_  
 EC #3 NAME \_\_\_\_\_ Phone # \_\_\_\_\_

**AUTHORIZED PICK UP LIST**

AP #1 NAME \_\_\_\_\_ Phone # \_\_\_\_\_  
 AP #2 NAME \_\_\_\_\_ Phone # \_\_\_\_\_  
 AP #3 NAME \_\_\_\_\_ Phone # \_\_\_\_\_  
 AP #4 NAME \_\_\_\_\_ Phone # \_\_\_\_\_

**Fieldtrip and Waiver of Liability Statement**

I have read and understand the Parkmead Keypot Fieldtrip Permission Statement.  Initial Here  
 I have read and understand the Parkmead Keypot Waiver of Liability Statement.  Initial Here

Date RCVD: \_\_\_\_\_ Amt RCVD: \$ \_\_\_\_\_ Check # \_\_\_\_\_

# COUNSELOR IN TRAINING SUMMER 2013

Child Last Name:

First Name:

Entering Grade:

Rates	Hourly 1/2 hr. increments	Full Day 7:00am - 6:15pm	Full Week Mon-Fri 7:00am - 6:15pm			Sibling Discount (2nd child with equal or less time contracted)	Full Payment Discount (Pay for camp in ful by May 24, 2013)
	\$10/hr.	\$50.00	\$200.00			10% OFF	10% OFF Total Fees

*Fill in dated boxes with your care needs. Check box to the left to indicate FULL WEEK.*

Week 1 - JUN 17 - 21, 2013		17-Jun	18-Jun	19-Jun	20-Jun	21-Jun	TOTAL
\$200.00	Check Here for FULL WEEK						
Week 2 - JUN 24 - 28, 2013		24-Jun	25-Jun	26-Jun	27-Jun	28-Jun	TOTAL
\$200.00	Check Here for FULL WEEK						
Week 3 - JUL 1 - 5, 2013		1-Jul	2-Jul	3-Jul	4-Jul	5-Jul	TOTAL
\$160.00	Check Here for FULL WEEK				<u>KEYSPOT CLOSED</u>		
Week 4 - JUL 8 - 12, 2013		8-Jul	9-Jul	10-Jul	11-Jul	12-Jul	TOTAL
\$200.00	Check Here for FULL WEEK						
Week 5 - JUL 15 - 19, 2013		15-Jul	16-Jul	17-Jul	18-Jul	19-Jul	TOTAL
\$200.00	Check Here for FULL WEEK						
Week 6 - JUL 22 - 26, 2013		22-Jul	23-Jul	24-Jul	25-Jul	26-Jul	TOTAL
\$200.00	Check Here for FULL WEEK						
Week 7 - JUL 29 - AUG 2, 2013		29-Jul	30-Jul	31-Jul	1-Aug	2-Aug	TOTAL
\$200.00	Check Here for FULL WEEK						
Week 8 - AUG 5 - 9, 2013		5-Aug	6-Aug	7-Aug	8-Aug	9-Aug	TOTAL
\$200.00	Check Here for FULL WEEK						
Week 9 - AUG 12 - 16, 2013		12-Aug	13-Aug	14-Aug	15-Aug	16-Aug	TOTAL
\$200.00	Check Here for FULL WEEK						

<p style="text-align: center;"><b><u>PAYMENT SCHEDULE</u></b></p> <p><b>**Weeks 1- 3 Fees -Due Friday, April 26, 2013**</b></p> <p><b>**Weeks 4 - 6 Fees - Due Friday, May 24, 2013**</b></p> <p><b>**Weeks 7 - 9 - Due Friday, June21, 2013**</b></p> <p style="text-align: center;"><i>PLEASE MAKE ALL CHECKS PAYABLE TO <u>KEYSPOT</u></i></p>	SUBTOTAL: \$
	SIBLING DISCOUNT:
	FULL PAY DISCOUNT: ALL FEES PAID BY 5/24/13
	<b>TOTAL CAMP FEE: \$</b>

**\$75.00 LATE REGISTRATION FEE AFTER MAY 24, 2013      Tax ID # 68-030-3802**