

**Camp Ketcha, 336 Black Point Road, Scarborough, ME 04074
207-883-8977, 207-885-0944 (fax), www.campketcha.org**

**AFTER SCHOOL CHILD CARE PROGRAM
REGISTRATION FORM 2018-2019
(NOT FOR SUMMER CAMP REGISTRATION)**

Student's Last Name _____ First _____

Birthday ____/____/____ Grade _____ Sex: M F School _____

*Parent 1 / Guardian Last Name _____ First _____

Address _____ City _____ State _____ Zip _____

Relationship _____ Home Phone _____

Work Phone _____ Cell _____

Email _____

Occupation _____ Employer _____

Custodial Contact **Billing Contact** **Authorization to release camper to this contact**

Parent 2 / Guardian Last Name _____ First _____

Address _____ City _____ State _____ Zip _____

Relationship _____ Home Phone _____

Work Phone _____ Cell _____

Email _____

Occupation _____ Employer _____

Custodial Contact **Billing Contact** **Authorization to release camper to this contact**

Camper Lives with: Both parents joint custody mother father other _____

School my child attends: _____

In order for your camper to participate in any Camp Ketcha programs you must fill out the Health History Form . If the form is not attached you may download it off of our website at www.campketcha.org.

This registration form is NOT for Summer Camp sessions, it is for After-School Child Care Program.

Monthly Child Care Fees

Child Care Schedule	5 days per week	4 days per week	3 days per week	2 days per week
After School Care Monthly Fees	\$330	\$295	\$225	\$200
Extra Days – Storm Closures and scheduled teacher days	Late Starts \$7 for 7:30am on \$15 if registered less than two weeks from the date	Teacher Days \$30 for 9am-6pm \$40 for 7:30am-6pm *add \$10 if registered less than 2 weeks from the start date	Snow Day Hours 8:15am-6pm \$45	

Required Calendar Year Annual Registration Fee

\$20

Please circle the months you would like your child to attend Camp Ketcha's After School Child Care Program:	If your child is attending only 2, 3 or 4 days a week please circle preferred days:	Would you like your child to have additional homework time? If so, how much? We will have 30 scheduled minutes in the program for Wentworth students.
Sept. Oct. Nov. Dec. Jan.	Monday Tuesday Wednesday	15 min 30 min
Feb. Mar. Apr. May June	Thursday Friday	45 min 1 hour

_____ has permission to participate and engage in ALL after school child care activities.

(Name of child)

I understand these activities may include certain risks. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by Camp Ketcha to secure the proper treatment for my child at my expense. I also hereby give permission for photographs and other media materials to be used for promotional use for Camp Ketcha. The terms herein shall serve as the parent/guardian authorization, release and assumption of risks for claims arising from incidents surrounding my child's participation in Camp Ketcha programs, for my child, my spouse, my heirs, executor, administration, assignees and all other members of my family.

Signed _____ Date _____

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After School Care Policies/Pricing:

* Snow Day Care offered if we have campers needing it- notification must be received by 7am. Snow Day Care \$45 for 8:15am-6pm. We reserve the right to remain closed if we feel it would be too dangerous for our staff to drive. We are unable to open if we do not have power.

* Teacher Days & School Vacation Camps- reduced fees if registered & paid two weeks prior. \$30 for 9am-6pm, \$40 for 7:30-6pm. If registered & paid less than two weeks prior- \$40 for 9am-6pm, \$5 for 7:30-6pm

*Late Start Days- \$7 per child. Less than two weeks- \$15 per child.

*We can not guarantee space in late start, teacher days and vacation camps if you register less than two weeks prior.

Payment is due in FULL one month in advance. For example September after-school payments are due by August 1.

Cancellations and changes must be made one month in advance in order to receive a refund minus a \$50 deposit.

Payment Method:

\$50 deposit due and \$20 registration fee

Check: _____ **Cash:** _____

Mastercard/ Visa _____

Expiration Date: _____ **Security Code** _____

Address of the card if different than above:

Signature _____ **Date** _____

____ I will be mailing a check in each month for payment

____ I will be making online payments each month by Mastercard or Visa

____ I would like Camp Ketcha to charge my credit card monthly and as payments are due.
By signing below I authorize Camp Ketcha to charge my card at the beginning of each month and when additional charges arise for no school days, late start days, etc.

Signature _____ **Date** _____