

KEATING OUT-OF-SCHOOL CARE  
SUMMER CAMP PROGRAM 2024  
REGISTRATION FORM

CHILD'S NAME \_\_\_\_\_

GRADE IN SEPTEMBER 2024\* \_\_\_\_\_

*\* Please note that any children who will be starting Kindergarten in September will require a temporary placement exemption from Island Health Authority. Our programs are licensed for children up to age 12.*

WEEKS 1-5 (July 1st through August 2nd)

*Please place an "X" on each day you require for Summer Break Camp for Weeks 1-5.*

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
WEEK 1: FANTASTIC FANTASY!	KOSC CLOSED	JULY 2	JULY 3	JULY 4	JULY 5
WEEK 2: I WANT TO BE A ...	JULY 8	JULY 9	JULY 10	JULY 11	JULY 12
WEEK 3: KOSC SUMMER OLYMPICS!	JULY 15	JULY 16	JULY 17	JULY 18	JULY 19
WEEK 4: BLAST OFF!	JULY 22	JULY 23	JULY 24	JULY 25	JULY 26
WEEK 5: WALK ON THE WILD SIDE!	JULY 29	JULY 30	JULY 31	AUGUST 1	AUGUST 2

WEEKS 6-9 (August 5th through 30th)

*Please place an "X" on each day you require for Summer Break Camp for Weeks 6-9.*

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
WEEK 6: MAKE A SPLASH!	KOSC CLOSED	AUGUST 6	AUGUST 7	AUGUST 8	AUGUST 9
WEEK 7: AROUND THE WORLD IN 5 DAYS!	AUGUST 12	AUGUST 13	AUGUST 14	AUGUST 15	AUGUST 16
WEEK 8: TRAVEL BACK IN TIME!	AUGUST 19	AUGUST 20	AUGUST 21	AUGUST 22	AUGUST 23
WEEK 9: PARTY ALL WEEK LONG!	AUGUST 26	AUGUST 27	AUGUST 28	AUGUST 29	AUGUST 30

Please initial to indicate your agreement with the following:

I have read and understood the KOSC Policies for Summer Break Camp Program.	
I have completed a Pre-Authorized Debit form for Summer 2024.	
I give permission for staff at Keating Out-of-School Care to assist with applying sunscreen to my child(ren) if needed. (Sunscreen must be provided by parents.)	
I give permission for my child(ren) to participate in off-site field trips.	

Please indicate your child's t-shirt size (youth sizes):

Extra Small	Small	Medium	Large	Extra Large
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PARENT/GUARDIAN NAME

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PARENT/GUARDIAN SIGNATURE

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DATE

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