

KEATING OUT-OF-SCHOOL CARE
 YOUTH ADVENTURE PROGRAM 2024
 REGISTRATION FORM

CHILD'S NAME _____

GRADE IN SEPTEMBER 2024* _____

** Please note that children participating in YAP must be going into Grade 4 or higher in September. 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 the Youth Adventure Program for Weeks 1-5.

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
WEEK 1:	KOSC CLOSED	JULY 2	JULY 3	JULY 4	JULY 5
WEEK 2:	JULY 8	JULY 9	JULY 10	JULY 11	JULY 12
WEEK 3:	JULY 15	JULY 16	JULY 17	JULY 18	JULY 19
WEEK 4:	JULY 22	JULY 23	JULY 24	JULY 25	JULY 26
WEEK 5:	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 the Youth Adventure Program for Weeks 6-9.

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
WEEK 6:	KOSC CLOSED	AUGUST 6	AUGUST 7	AUGUST 8	AUGUST 9
WEEK 7:	AUGUST 12	AUGUST 13	AUGUST 14	AUGUST 15	AUGUST 16
WEEK 8:	AUGUST 19	AUGUST 20	AUGUST 21	AUGUST 22	AUGUST 23
WEEK 9:	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 Youth Adventure 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 current swimming level:

WAIST	SHOULDER	OVER THE HEAD	NO SWIMMING
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PARENT/GUARDIAN NAME

PARENT/GUARDIAN SIGNATURE

DATE
