

RAINIER CHRISTIAN SCHOOLS KALEIDOSCOPE KIDS SUMMER DAY CAMP Grades 1-4

CAMPUS _____

See fee schedule and policies.

Date _____ Grade (fall) _____

Parent's name(s) _____

Child(ren)'s name(s): _____

Outstanding balances must be paid prior to registering for Summer Camp.

Contact Heidi for any arrangements. 425-255-7273

Wk.	Date	Summer Camp	Extended	# Enrolled	Total	Pd.
1	June 20-24	\$ 160.00 <input type="checkbox"/>	\$ 25.00 <input type="checkbox"/>	x _____ =	\$ _____	
2	June 27-Jul-01	\$ 160.00 <input type="checkbox"/>	\$ 25.00 <input type="checkbox"/>	x _____ =	\$ _____	
3	July 5-8	\$ 128.00 <input type="checkbox"/>	\$ 25.00 <input type="checkbox"/>	x _____ =	\$ _____	
4	July 11-15	\$ 160.00 <input type="checkbox"/>	\$ 25.00 <input type="checkbox"/>	x _____ =	\$ _____	
5	July 18-22	\$ 160.00 <input type="checkbox"/>	\$ 25.00 <input type="checkbox"/>	x _____ =	\$ _____	
6	July 25-29	\$ 160.00 <input type="checkbox"/>	\$ 25.00 <input type="checkbox"/>	x _____ =	\$ _____	
7	August 1st-5th	\$ 160.00 <input type="checkbox"/>	\$ 25.00 <input type="checkbox"/>	x _____ =	\$ _____	
8	August 8-12	\$ 160.00 <input type="checkbox"/>	\$ 25.00 <input type="checkbox"/>	x _____ =	\$ _____	
9	August 15-19	\$ 160.00 <input type="checkbox"/>	\$ 25.00 <input type="checkbox"/>	x _____ =	\$ _____	
10	August 22-26	\$ 160.00 <input type="checkbox"/>	\$ 25.00 <input type="checkbox"/>	x _____ =	\$ _____	

If not enrolled in RCS for 11-12, parent must submit RCS enrollment form

TOTAL \$ _____

Signature of Parent/Guardian: _____

Office Use Only

Reg.	Date Pd.	Ck #
\$50		

Initial	AO

Wk #(s)	Date Pd.	Ck #

Initial	AO

*After 6:00pm, a late fee of \$5 per five minute segment, is due at time of pick-up.

Tear off this sheet and return with registration fee.