



Triad Summer Kid Care Registration Form 2010

Child's Name: _____ Age: _____

Address: _____

Home Phone: _____ Alternate Phone: _____

Parent(s) Name: _____ School: _____

Email Address: _____

Summer Kid Care

Please circle the dates and times that your child will attend and whether or not you will need AM or PM extended child care. Refer to the Day Camp Fee Schedule in the Summer Camp Brochure. Additionally, a parent signature is required on a liability waiver on or before the first day of camp.

Return this form to the Triad front desk along with payment or call to register over the phone with a credit card. There will be a \$5 processing fee for changes made after initial registration.

June												
Sun	Mon	Tue	Wed	Thurs	Fri	Sat	1/2 Day AM	1/2 Day PM	Full Day	Before Care	After Care	Price
	7	8	9	10	11							
	14	15	16	17	18							
	21	22	23	24	25							
	28	29	30									
July												
Sun	Mon	Tue	Wed	Thurs	Fri	Sat	1/2 Day AM	1/2 Day PM	Full Day	Before Care	After Care	Price
				1	2							
	5	6	7	8	9							
	12	13	14	15	16							
	19	20	21	22	23							
	26	27	28	29	30							
August												
Sun	Mon	Tue	Wed	Thurs	Fri	Sat	1/2 Day AM	1/2 Day PM	Full Day	Before Care	After Care	Price
	2	3	4	5	6							
	9	10	11	12	13							
											Total	

Triad Kids Campus 2202 SE Creekview Dr, Ankeny, IA 50021

515-963-0215

www.com

Check out our website for more information about our summer classes!