



# June Clerical Half Days - 2007

## Fees & Hours

Fees include transportation if any, admission if any & accident/medical insurance. Please provide lunch.

\$30 per child per afternoon from 12pm-3pm

\$30 additional for the hours of 3pm-6pm\*

*\*This fee does not apply for any child who ordinarily would have attended Kids Orbit this day.*

### Half Days

Monday, June 4 from noon to 6pm

Tuesday, June 12 from noon to 6pm

### Location

PS 154

PS 58

IHM

1.	Child's Name	Returning Camper? <input type="checkbox"/>	Gender	DOB	Age	Grade	School
	Address (including apartment #)		Zip Code	Child Lives With...		Allergies? Comments?	
2.	Parent or Guardian's Full Name			Relationship to Child		Email Address	
	Home Phone	Pager and/or Cellular Phone		Business or Other Daytime Phone			
3.	Parent or Guardian's Full Name			Relationship to Child		Email Address	
	Home Phone	Pager and/or Cellular Phone		Business or Other Daytime Phone			
4.	Who will pick your child up at the end of the day? Please indicate if your child will walk home unescorted.						
5.	Provide name & phone # of an emergency contact, other than parent/guardian, who is likely to be available during camp hours.						
7.	Method of Payment						
	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Check   Amount: \$_____ Please make checks payable to "Kids Orbit".						
	Name on the card: _____			Card #: _____			
	Exp. Date: ____ / ____ 3 digit code on the back of your card _____						

**Please make check payable to Kids Orbit and mail to 241 Prospect Park West, Brooklyn, NY 11215 or fax with credit card payment to 718-369-6053. For information call (718) 768-4426.** All fees are non-refundable, except that Kids Orbit reserves the right to cancel any or all programs due to insufficient enrollment. In the event of trip cancellation by Kids Orbit, all prepaid fees will be refunded. In case of emergency during Kids Orbit activities, I hereby authorize the doctor or hospital to which my child is brought and whomever they might designate as their assistant to perform any emergency procedure, to give treatment and to administer an anesthetic to my child.

I understand that the program will meet in the school but may take place off site and may use public transportation. Destinations for off site trips will be announced by email not later than the day before. If you do not receive email please call the office to confirm the plans.

_____ Signature	_____ Please print name	_____ Relationship to camper	_____ Date
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