



Camp Keyspot 2020 June 8 – July 30, 2020

Registration Packet

Payment Schedule

- Week 1 – 4 due 6/8/2020
- Week 5 – 8 due 7/6/2020
- 10% Discount if paid in full
by 6/8/2020

Parkmead Keyspot Daycare Center
1920 Magnolia Way
Walnut Creek, CA 94595
(925) 939-1543
attendance@keyspot.org
www.keyspot.org

CAMP KEYSPOOT 2020 CALENDAR

| | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
|--------|--|--|--|---|--|
| WEEK 1 | 8-Jun AM - SUPER STATIONS PM - THEME DAY ACTIVITIES | 9-Jun AM - SUPER STATIONS PM - THEME DAY ACTIVITIES | 10-Jun AM - SUPER STATIONS PM - THEME DAY ACTIVITIES | 11-Jun AM - SUPER STATIONS PM - WATER DAY | 12-Jun AM - SUPER STATIONS PM - MOVIE DAY & BYOT/W |
| WEEK 2 | 15-Jun AM - SUPER STATIONS PM - THEME DAY ACTIVITIES | 16-Jun AM - SUPER STATIONS PM - THEME DAY ACTIVITIES | 17-Jun AM - SUPER STATIONS PM - THEME DAY ACTIVITIES | 18-Jun AM - SUPER STATIONS PM - WATER DAY | 19-Jun AM - SUPER STATIONS PM - MOVIE DAY & BYOT/W |
| WEEK 3 | 22-Jun AM - SUPER STATIONS PM - THEME DAY ACTIVITIES | 23-Jun AM - SUPER STATIONS PM - THEME DAY ACTIVITIES | 24-Jun AM - SUPER STATIONS PM - THEME DAY ACTIVITIES | 25-Jun AM - SUPER STATIONS PM - WATER DAY | 26-Jun AM - SUPER STATIONS PM - MOVIE DAY & BYOT/W |
| WEEK 4 | 29-Jun AM - SUPER STATIONS PM - THEME DAY ACTIVITIES | 30-Jun AM - SUPER STATIONS PM - THEME DAY ACTIVITIES | 1-Jul AM - SUPER STATIONS PM - THEME DAY ACTIVITIES | 2-Jul AM - SUPER STATIONS PM - WATER DAY | 3-Jul CLOSED IN OBSERVANCE OF INDEPENDENCE DAY |
| WEEK 5 | 6-Jul AM - SUPER STATIONS PM - THEME DAY ACTIVITIES | 7-Jul AM - SUPER STATIONS PM - THEME DAY ACTIVITIES | 8-Jul AM - SUPER STATIONS PM - THEME DAY ACTIVITIES | 9-Jul AM - SUPER STATIONS PM - WATER DAY | 10-Jul AM - SUPER STATIONS PM - MOVIE DAY & BYOT/W |
| WEEK 6 | 13-Jul AM - SUPER STATIONS PM - THEME DAY ACTIVITIES | 14-Jul AM - SUPER STATIONS PM - THEME DAY ACTIVITIES | 15-Jul AM - SUPER STATIONS PM - THEME DAY ACTIVITIES | 16-Jul AM - SUPER STATIONS PM - WATER DAY | 17-Jul AM - SUPER STATIONS PM - MOVIE DAY & BYOT/W |
| WEEK 7 | 20-Jul AM - SUPER STATIONS PM - THEME DAY ACTIVITIES | 21-Jul AM - SUPER STATIONS PM - THEME DAY ACTIVITIES | 22-Jul AM - SUPER STATIONS PM - THEME DAY ACTIVITIES | 23-Jul AM - SUPER STATIONS PM - WATER DAY | 24-Jul AM - SUPER STATIONS PM - MOVIE DAY & BYOT/W |
| WEEK 8 | 27-Jul AM - SUPER STATIONS PM - THEME DAY ACTIVITIES | 28-Jul AM - SUPER STATIONS PM - THEME DAY ACTIVITIES | 29-Jul AM - SUPER STATIONS PM - THEME DAY ACTIVITIES | 30-Jul AM - SUPER STATIONS PM - WATER DAY | 31-Jul AM - SUPER STATIONS PM - MOVIE DAY & BYOT/W |



Parkmead Keyspot Day Care
ID and Emergency Info Sheet
2020 – 2021 School Year



Child Last Name: _____

Child First Name: _____

DOB: ____/____/____ Age: _____ Entering Grade: _____ Class Room# _____

Known Allergies: _____

SPONSOR INFORMATION

***Sponsor Name:** _____ Relationship to Child: _____
Last Name, First Name

Home Address: _____
Street, City, State, ZIP

Home Phone # : (____) _____ - _____ Cell Phone # : (____) _____ - _____

Email Address _____
Please print in ALL CAPS

***Co-Sponsor Name:** _____ Relationship to Child: _____
Last Name, First Name

Home Address: _____
Street, City, State, ZIP

Home Phone # : (____) _____ - _____ Cell Phone # : (____) _____ - _____

Email Address _____
Please print in ALL CAPS

CHILD IS IN THE CUSTODY OF: MOTHER FATHER BOTH OTHER: _____

MEDICAL INFO

***Doctor Name:** _____ Phone #: (____) _____ - _____
Last Name, First Name

Insurance Carrier: _____ Policy Number: _____

***Dentist Name:** _____ Phone #: (____) _____ - _____
Last Name, First Name

_____ My child does not have health insurance (Check if Applicable)

Emergency Contacts – Please list persons within a 10 mile radius of Parkmead School

1. _____ Phone #: (____) _____ - _____
Last Name, First Name

2. _____ Phone #: (____) _____ - _____
Last Name, First Name

3. _____ Phone #: (____) _____ - _____
Last Name, First Name

Authorized Sign Out Persons – You are authorizing the persons on this list to sign your child out of our day care center.

1. _____ Phone #: (____) _____ - _____
Last Name, First Name

2. _____ Phone #: (____) _____ - _____
Last Name, First Name

DATE RECEIVED _____

CHECK AMOUNT _____

CHECK # _____

| PRICING SCHEDULE | | | | | CHILD LAST NAME: | | | |
|--|--|---|--------------------------|--------------------------|--------------------------|--------------------------|-----------------------|--|
| 5 Days FULL WEEK \$ 300.00 M-F 8:00am - 5:00pm | 4 Days 4 Days / Week \$ 250.00 Any 4 Days M-F 8:00am - 5:00pm | Due to the COVID-19 Pandemic we will not be able to provide daily and 1/2 daily options due to fluctuations in daily attendance that will not be inline with CoCo County's protocols for Childcare during this time. We are sorry for any inconvenience this may cause your family. | | | | | CHILD FIRST NAME: | |
| | | | | | | | ENTERING GRADE: | |
| | | | | | | | KNOWN ALLERGIES: | |
| WEEK 1 | 6/8-6/12 | MON | TUE | WED | THU | FRI | TOTAL FOR WEEK | |
| CIRCLE USE | 5 DAYS | All DAYS INCLUDED | | | | | \$ | |
| | 4 DAYS - V DAYS YOU NEED | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| WEEK 2 | 6/15 - 6/19 | MON | TUE | WED | THU | FRI | TOTAL FOR WEEK | |
| CIRCLE USE | 5 DAYS | All DAYS INCLUDED | | | | | \$ | |
| | 4 DAYS - V DAYS YOU NEED | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| WEEK 3 | 6/22 - 6/26 | MON | TUE | WED | THU | FRI | TOTAL FOR WEEK | |
| CIRCLE USE | 5 DAYS | All DAYS INCLUDED | | | | | \$ | |
| | 4 DAYS - V DAYS YOU NEED | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| WEEK 4 | 6/29 - 7/3 | MON | TUE | WED | THU | FRI | TOTAL FOR WEEK | |
| CIRCLE USE | 5 DAYS | All DAYS INCLUDED | | | | | \$ | |
| | 4 DAYS - V DAYS YOU NEED | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| WEEK 5 | 7/6 - 7/10 | MON | TUE | WED | THU | FRI | TOTAL FOR WEEK | |
| CIRCLE USE | 5 DAYS | All DAYS INCLUDED | | | | | \$ | |
| | 4 DAYS - V DAYS YOU NEED | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| WEEK 6 | 7/13 - 7/17 | MON | TUE | WED | THU | FRI | TOTAL FOR WEEK | |
| CIRCLE USE | 5 DAYS | All DAYS INCLUDED | | | | | \$ | |
| | 4 DAYS - V DAYS YOU NEED | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| WEEK 7 | 7/20 - 7/24 | MON | TUE | WED | THU | FRI | TOTAL FOR WEEK | |
| CIRCLE USE | 5 DAYS | All DAYS INCLUDED | | | | | \$ | |
| | 4 DAYS - V DAYS YOU NEED | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| WEEK 8 | 7/27 - 7/31 | MON | TUE | WED | THU | FRI | TOTAL FOR WEEK | |
| CIRCLE USE | 5 DAYS | All DAYS INCLUDED | | | | | \$ | |
| | 4 DAYS - V DAYS YOU NEED | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |

PLEASE MAKE ALL PAYMENTS OUT TO

KEYSPOT

TAKE 10% OFF FOR SECOND CHILD OF EQUAL OR LESS HRS

| | |
|--------------------------------|----|
| SUBTOTAL = | \$ |
| 10% Full Pay Discount = | \$ |
| TOTAL DUE = | \$ |