



Parkmead Keyspot Day Care
ID and Emergency Info Sheet
Camp Keyspot 2021

Child Last Name: _____

Child First Name: _____

DOB: ____/____/____ Age: ____ Entering Grade: _____

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 # _____

OFFICE USE	Child Last Name: _____ Child First Name: _____ Grade 2021-2022 School Year: _____
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FEE SCHEDULE			
4 WEEKS / MONTH Must be in a calendar month	5 Days/Wk = \$1,200	4 Days/Wk = \$1000	5% OFF TOTAL CAMP FEES IF PAID IN FULL BY MAY 1, 2021
3 WEEKS / MONTH Must be in a calendar month	5 Days/Wk = \$1,000	4 Days/Wk = \$800	
SIBLING DISCOUNT	10% OFF FOR THE SIBLING WITH EQUAL OR LESS SCHEDULES CARE		

PLEASE CHOOSE DAYS BELOW. CIRCLE WEEK # IF IT IS A FULL WEEK

JUNE 2021 - FEES DUE APRIL 21, 2021						
	MON	TUE	WED	THU	FRI	NOTES
WEEK 1	7-Jun	8-Jun	9-Jun	10-Jun	11-Jun	
WEEK 2	14-Jun	15-Jun	16-Jun	17-Jun	18-Jun	
WEEK 3	21-Jun	22-Jun	23-Jun	24-Jun	25-Jun	
WEEK 4	28-Jun	29-Jun	30-Jun	1-Jul	2-Jul	
				TOTAL COST FOR JUNE 2021: \$		

JULY 2021 - FEES DUE MAY 19, 2021						
	MON	TUE	WED	THU	FRI	NOTES
WEEK 5	5-Jul Keyspot Closed	6-Jul	7-Jul	8-Jul	9-Jul	
WEEK 6	12-Jul	13-Jul	14-Jul	15-Jul	16-Jul	
WEEK 7	19-Jul	20-Jul	21-Jul	22-Jul	23-Jul	
WEEK 8	26-Jul	27-Jul	28-Jul	29-Jul	30-Jul	
				TOTAL COST FOR JULY 2021: \$		

CHECK OR CASH ONLY
PLEASE MAKE ALL PAYMENTS TO
KEYSPOT

SUB TOTAL:	
TOTAL PAYMENT DISCOUNT 5%:	
TOTAL AMOUNT DUE:	