



# Camp Keyspot 2026

## June 15 – Aug 7, 2026

# Registration Packet

### Payment Schedule

- Session I (6/15 - 7/10) Due 4/24/2026
- Session II (7/13 - 8/7) Due 5/22/2026
- 5% Discount if ALL SUMMER FEES paid in full by 4/24/2026

Parkmead Keyspot Daycare Center  
1920 Magnolia Way  
Walnut Creek, CA 94595  
(925) 266-2199  
[attendance@keyspot.org](mailto:attendance@keyspot.org)  
[www.keyspot.org](http://www.keyspot.org)



**Parkmead Keyspot Day Care  
ID and Emergency Info Sheet  
Camp Keyspot 2026**



Child Last Name: \_\_\_\_\_

Child First Name: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Entering Grade: \_\_\_\_ Class Room# \_\_\_\_

Known Allergies: \_\_\_\_\_

**SPONSOR INFORMTION**

**\*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 RECIVED \_\_\_\_\_

CHECK AMOUNT \_\_\_\_\_

CHECK # \_\_\_\_\_

SummerCampSession1  
 Contract Due 4/24/2026

**Session 1**  
**June 15 - July 10, 2026 Camp**  
**Keypot 2025 Contract**

5% Discount OFF All Summer  
 Fees IF Paid In Full by 4/24/2026

<b>Child's Name:</b>		<b>ENTERING GRADE:</b>	
<b>CIRCLE T -SHIRT SIZE</b>	<b>Child - S M L</b>	<b>ADULT - S M L XL</b>	
<b>BLOCKS</b>	<b>COST</b>	<b>Additional Days</b>	
<b>4 WEEKS - All Days</b> <b>7:00am - 6:00pm</b>	<b>\$1,500 FT Days Included</b>	<b>\$75/Day</b>	
<b><u>MINIMUM</u></b> <b>15 Days of Camp</b> <b>7:00am - 6:00pm</b>	<b>\$1,200 Ft Days Included</b> <b>Please choose days on Calendar below</b>		

Please circle Days you will use if signed up for the 15 day black Minimum. Please list additional fees at the end of each week.

MON	TUE	WED	THU	FRI	Additional Fees
15-Jun	16-Jun	17-Jun Swim Day @ Dewing Park	18-Jun <b>FTDAY</b> Walk to The Movies	19-Jun	
22-Jun	23-Jun	24-Jun Swim Day @ Dewing Park	25-Jun <b>FTDAY</b> Alameda County Fair	26-Jun	
29-Jun	30-Jun	1-Jul Swim Day @ Dewing Park	2-Jul <b>FTDAY</b> Six Flags Discovery Kingdom	3-Jul <b>Keypot Closed</b>	
6-Jul	7-Jul	8-Jul Swim Day @ Dewing Park	9-Jul <b>FT Day</b> Prewitt Water Park	10-Jul	

SIBLING DISCOUNT  
10% OFF CHILD W/ EQUAL or LESS CARE  
 PLEASE MAKE ALL CHECKS PAYABLE TO **KEYSPOT**  
 TAX ID # : 68-0303802

Block Rate Due:	\$
Additional Days Due:	\$
Subtotal Due	\$
5% Full Pay Discount if paid by 4/26/2024	\$
<b>TOTAL AMOUNT DUE:</b>	

Summer Camp Session 2  
 Contract Due 5/24/2026

**Session 2**  
**July 13 - Aug 7, 2026**  
**Camp Keypot 2026 Contract**

5% Discount OFF All Summer  
 Fees IF Paid In Full by 4/24/2026

<b>Child's Name:</b>		<b>ENTERING GRADE:</b>	
<b>CIRCLE T -SHIRT SIZE</b>	Child - S M L	<b>ADULT</b>	- S M L XL
<b>BLOCKS</b>	<b>COST</b>		<i>Additional Days</i>
<b>4 WEEKS - All Camps</b> <b>7:00am - 6:00pm</b>	<b>\$1,500 FT Days Included</b>		<b>\$75/Day</b>
<u>MINIMUM</u> 15 Days of Camp 7:00am - 6:00pm	<b>\$1,200</b> Please choose days on Calendar below		

Please circle Days you will use if signed up for the 15 day black Minimum. Please list additional fees at the end of each week.					
MON	TUE	WED	THU	FRI	Additional Fees
13-Jul	14-Jul	15-Jul  Swim Day @ Dewing Park	16-Jul <b>FT Day</b>  Lunch W / Jungle James	17-Jul	
20-Jul	21-Jul	22-Jul  Swim Day @ Dewing Park	23-Jul <b>FT Day</b>  K-1 Camp : Children's Fairyland 2-5 Camp : Putter's World	24-Jul	
27-Jul	28-Jul	29-Jul  Swim Day @ Dewing Park	30-Jul <b>FT DAY</b>  Ricky Roo & Friends Marionette Show	31-Jul	
3-Aug	4-Aug	5-Aug  Swim Day @ Dewing Park	6-Aug <b>FTDAY</b>  Adventure Day 2 Camp!	7-Aug	

SIBLING DISCOUNT  
10% OFF CHILD W/ EQUAL or LESS CARE

PLEASE MAKE ALL CHECKS PAYABLE TO **KEYSPOT**

TAX ID # : 68-0303802

Block Rate Due:	\$
Additional Days Due:	\$
Subtotal Due	\$
5% Full Pay Discount if paid by 4/26/2024	\$
<b>TOTAL AMOUNT DUE:</b>	