

Day Camp Change of Enrollment Form

Date: _____

Camper's Name: _____ Age _____

Parents/Guardians Names: _____

Contact Phone: _____ Email: _____

Current Camp: _____ Week: _____

Change to: _____ Week: _____

Reason for change: _____

** A \$10 fee is applied to all enrollment changes made within 7 days of the start of the session.*

*** Deposit payments are non-transferable between sessions*

***** Please refer to the Parent Guide for complete details regarding transfers and cancellations.*

Parent Signature: _____ Date: _____

Kroc Center Use

Original Amount Paid: _____

New Enrollment Fee: _____

Balance Due: _____ or Credit Owed: _____

Comments: _____ Initials: _____