



2801 W. 15th Street · Wichita, KS 67208 · 316-942-4490 · www.asburychurch.org
 Shandy Kurth, Director · shandy.kurth@asburychurch.org

CAMP ASBURY PRE-ENROLLMENT 2019-20

Child's Name: _____

Birth date: _____

Parent's Name: _____

Phone: _____

Email: _____

| |
|--------------------------|
| OFFICE USE ONLY |
| Registration Paid |
| Amount: _____ |
| Christmas Balance: _____ |
| Spring Balance: _____ |
| Summer Balance: _____ |

Class Enrolled For: Check box and Circle days/dates.

Christmas Break: 2019

Dec. 23rd, 27th, 30th, Jan 2nd, 3rd

Spring Break : March

16th 17th 18th 19th 20th

Summer Camp: Begins May 29th

M T W TH F

May: 26th - 29th

June: 1st - 5th 8th - 12th 15th - 19th 22nd - 26th

July: 29th - 2nd 6th - 10th 13th - 17th 27th - 31st

August: 3rd - 7th

Fees and Tuition

(Registration Fee pays for all field-trips and club costs such as supplies for cooking and art club etc.)

Christmas Break – No Registration /Activity \$29 per day or \$142 for the week.

Spring Break - \$15 Registration/Activity \$29 per day or \$140 for the week.

Summer Camp – Registration/Activity \$100

Siblings Registration/Activity Fee \$85

\$142 Weekly fee or \$31per day.

Days circled are commitments. To add extra days you are required to call 24 hours in advance to check availability. Dates committed too are required to be paid for whether your child attends or not. Your balance will be reported to you for the entirety of the summer however payment is expected to be prepaid by the week. You are welcome to pay off the entirety of your balance at any time. Additional days your child attends will be added to your balance. (Field trips will be held mostly on T/TH during the summer.)

ASBURY CHILD DEVELOPMENT CENTER

2801 W 15th Street N. Wichita, KS. 67203 Hours of Operation: Monday
Friday 7am to 6pm

CAMP ASBURY
Parent Contract

This is acknowledgement that I have read and agree to follow the policies and procedures set forth by Asbury Child Development Center outlined in the Camp Asbury Parent Handbook including Camp Asbury’s bullying and behavior policy, attendance and billing commitments, computer sign-in requirement and all other Camp policies. I understand that these policies are enforced for the best interest of the children in our care and to adhere to state regulations. I acknowledge that termination of this contract requires one week’s notice. I agree to prepay for the time frames I am committed to and am aware that payments are due the Monday before care begins each week. I am also aware that late payment will incur a \$10 penalty charge and may result in my child being excluded from Camp until prepayment is made.

Child’s Name: _____

Child’s Birthdate: _____ Last Grade Completed: _____

Please Circle

Private Pay

DCF Pay

Parent’s Printed Name: _____

Parent’s Signature: _____ Date: _____

Director’s Printed Name: _____

Director’s Signature: _____ Date: _____