

KETKAMPA

ENROLLMENT

PACKET



~Field Trip Excursions twice a week~

~Tribal Members entering 6th - 8th grade~



FOR RECREATION DEPARTMENT USE ONLY:

Name: _____

Phone # _____

Date Application was submitted: _____

Payment: Cash \$ _____ Check # _____, \$ _____

Received from: _____

Entering Grade: _____

KETKAMPA

Ketskampa Registration & Funding Applications will be accepted only:

Monday, April 28, 2025, through Thursday, May 1, 2025

IMPORTANT NOTICES:

- Ketskampa Enrollment packets must be returned to the Recreation Department during registration (Monday, April 28, 2025, through Thursday, May 1, 2025) with the first week of tuition, regardless of whether you are applying for funding.
- If you are a full-time summer camp participant, you will not be eligible to participate in Ketskampa.
- Ketskampa must be prepaid at the rate of \$12 a day per child ~ Two (2) activities per week ~ \$24 per week.
- Limited Space-Teachers will text campers to reserve spots—if no response, seat will go to the next person on the waiting list.

KETKAMPA FUNDING PROGRAM:

Ketskampa Funding will be available to Tribal member families that meet the eligibility requirements for funding. For more information, please visit Ida Borel at Human Services or call 337-923-7000. Office hours: Monday – Thursday 7:30 a.m. – 5:00 p.m. and Friday 7:30 a.m. – 11:30 a.m.

To apply for funding, please provide the following items:

- Completed Summer Day Camp Funding Application
(Application will not be accepted unless it's fully complete)
- Proof of income (for the last month for household members)
- Copy of enrollment form(s).

Admission Date_____

Withdrawal Date_____

Ketskampa

Child's Name (First)_____ (MI)_____ (Last)_____

Entering Grade _____ Birth Date _____ Sex _____

	Mother	Father
Name		
Mailing Address		
Physical Address		
Employer		
Work Phone #		
Cell Phone #		

Ketskampa Payment Schedule Agreement

I understand that tuition for my child to attend Summer Day Camp must be prepaid at the rate of \$12 a day per child.

I select the following tuition payment schedule. Tuition payments will not be refunded.

Please check one: ☐ Weekly (\$24) ☐ One Time Payment (\$120)

Ketskampa Release Information

☐ My child **may** walk or ride their bikes home after Ketskampa.

☐ My child **may not** walk or ride their bikes home after Ketskampa.

Designated adults authorized to pick up my child. Please include non-custodial parents and adults **18 years** of age or over. *Please notify these individuals that they **may be** asked to show **proof of identity**:*

Name:	Relation to the Child:	Phone/Cell:

Scheduled Family Vacation Dates

Our family vacation is scheduled to begin on _____ and my child will be returning on _____.

Parent/Guardian Signature: _____

Date: _____

Ketkampa

Emergency Medical Care Form

List any serious allergies (such as insect bites, food allergies, etc.) _____

List any disabilities or special needs _____

Major illnesses your child has had _____

Any serious accidents? _____

Any medically necessary dietary requirements? _____

Mother's Phone Numbers:

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Father's Phone Numbers:

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In the event of an emergency and I cannot be reached.

Name:	Relation to the Child:	Phone/Cell:

I understand emergency medical treatment will be given only with parental consent. Since informed consent must be given at the time of the incident, I understand that I must leave numbers where I, the parent, or a responsible designated adult may be reached daily if the numbers above do not apply for that day. In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the person in charge to take my child to:

Doctor:	Phone Number:	Address:
Dentist:	Phone Number:	Address:
Hospital Preference:	Phone Number:	Address:

Parent/Guardian Signature: _____

Date: _____