

# 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

*Ketkampa Registration & Funding Applications will be accepted only:*

**Monday, April 24, 2023, through Friday, April 28, 2023**

## **IMPORTANT NOTICES:**

- Ketkampa Enrollment packets must be returned to the Recreation Department during registration (Monday, April 24, 2023, through Friday, April 28, 2023) with the first week of tuition regardless of if you are applying for funding.
- If you are a full-time summer camp participant, Ketkampa is included in your summer camp tuition. (No extra tuition is needed)
- Ketkampa must prepaid be at the rate of \$12 a day per child ~ Two (2) activities per week ~ \$24 per week.

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### **KETKAMPA FUNDING PROGRAM:**

Ketkampa Funding will be available to Tribal member families which 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 \_\_\_\_\_

# Ketkampa

Child's Name (First) \_\_\_\_\_ (MI) \_\_\_\_\_ (Last) \_\_\_\_\_

Entering Grade \_\_\_\_\_ Birth Date \_\_\_\_\_ Sex \_\_\_\_\_

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

## Ketkampa Payment Schedule Agreement

I understand that tuition for my child to attend Ketkampa 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)

## Ketkampa Release Information

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

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

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: \_\_\_\_\_

# Ketskampa

## 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: (Please list below)

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: \_\_\_\_\_