



# SUPPLEMENTAL PROGRAM

**Tuesday, June 8  
Thursday, June 17  
Clerical Half Days**

## ENROLLMENT

Fees include transportation if any, admission if any, and accident/medical insurance. Please provide your child with lunch.

CHILD'S NAME	<input type="checkbox"/> Attends Kids Orbit	SEX	DOB	GRADE/CLASS	SCHOOL
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**Tuesday, June 8**  
Noon-6pm (\$65\*)  
This program is based at your child's after school site

*\*Entire year participants who would normally attend on Tuesdays pay \$35.00. If you are registered for "Auto half-days" you save \$5.00 per half -day.*

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## WHAT WE DO

"Our choice" of activity, ranging from a trip to the movies, bowling, or an indoor play-space, to fun in Prospect Park or a combination of two. We decide based on enrollment, weather and availability.

## PAYMENT

- Please charge the card Kids Orbit has on file.
- Check enclosed. *Please make checks payable to "Kids Orbit."*

**Your application may be mailed to 241 Prospect Park West, Brooklyn, NY 11215, faxed to 718-369-6053, or emailed to [forms@kidsorbit.com](mailto:forms@kidsorbit.com). For information call (718) 768-4426.**

In case of emergency during Kids Orbit activities, I hereby authorize the doctor or hospital to which my child is brought and whomever they might designate as their assistant to perform any emergency procedure, to give treatment and to administer an anesthetic to my child. I understand that the programs for both days will meet in the school but may take place off site and may use public transportation, and that destinations for off-site trips will be announced by email not later than the day before. If you do not receive email please call the office to confirm the plans. Kids Orbit reserves the right to cancel any or all programs due to insufficient enrollment. In the event of cancellation by Kids Orbit, all prepaid fees will be refunded. Other than cancellation by Kids Orbit, all fees are non-refundable.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Please print name

\_\_\_\_\_  
Relationship to camper

\_\_\_\_\_  
Date