



# East Olathe Change Form

<input type="checkbox"/>	MEMBER
<input type="checkbox"/>	NON-MEMBER

Team Member Name: \_\_\_\_\_

Date Received: \_\_\_\_\_

Camper Name: \_\_\_\_\_

## Cancellations

Camp Weeks	M-F	MWF	TTh	M	T	W	Th	F
1 May 24 - 28								
2 Jun 1 - 4		x		x				
3 Jun 7 - 11								
4 Jun 14 - 18								
5 Jun 21 - 25								
6 Jun 28- Jul 2								
7 Jul 5 - 9								
8 Jul 12 - 16								
9 Jul 19 - 23								
10 Jul 26 - Jul 30								
11 Aug 2 - 6								

## PROGRAM CANCELLATION POLICY:

Two weeks prior to the start of the cancelled week (Monday at 9am), schedule changes can be made free of charge by emailing an electronic Change Form to [mary.rauter@genesishhealthclubs.com](mailto:mary.rauter@genesishhealthclubs.com)

On or after the deadline, refunds for camp fees will only be processed if a child on the waitlist can take the cancelling child's spot in camp. If the requested cancellation date cannot be filled by a waitlist camper, the spot in camp will remain reserved for the enrolled camper and therefore a refund will not be processed. There is a \$25 processing fee for Change Forms processed after the deadline. Change Forms will only be processed if a child on the waitlist can take the cancelling child's spot in camp.

## Cancellation Due to Camper Sickness:

To support with daily operations, although a refund is not warranted, parents are asked to call the Front Desk at 913.764.5444 to ensure clarity.

If a participant becomes ill during the program day the participant's parents will be notified. The team leader will communicate with the participant's parents to arrange a pick up. If a camper departs early due to illness no portion of the program fees is refundable.

## Additions

Camp Weeks	M-F	MWF	TTh	M	T	W	Th	F
1 May 24 - 28								
2 Jun 1 - 4		x		x				
3 Jun 7 - 11								
4 Jun 14 - 18								
5 Jun 21 - 25								
6 Jun 28- Jul 2								
7 Jul 5 - 9								
8 Jul 12 - 16								
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11 Aug 2 - 6								

## Camp Pricing:

	Member	Non-Member
M-F	\$ 180	\$ 210
MWF	\$ 124	\$ 140
T/Th	\$ 90	\$ 104
Single Day	\$ 45	\$ 52

Team Member Use:

Date Processed: \_\_\_\_\_

Processed By: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date:     /     /