Saint Joseph
2022 Change Form

☐ MEMBER
☐ NON-MEMBER

Team Member Name: _____

Date Received: _____

Camper Name:

Cancellations

Camp Weeks		M-F	MWF	TTh	M	T	W	Th	F
1	May 31 - Jun 3		x		x				
2	Jun 6 - 10								
3	Jun 13 - 17								
4	Jun 20 - 24								
5	Jun 27- Jul 1								
6	Jul 4 - 8								
7	Jul 11 - 15								
8	Jul 18 - 22								
9	Jul 25 - 29								
10	Aug 1 - 5								
11	Aug 8 - 12								

Additions

Camp Weeks		M-F	MWF	TTh	M	T	W	Th	F
1	May 31 - Jun 3		x		x				
2	Jun 6 - 10								
3	Jun 13 - 17								
4	Jun 20 - 24								
5	Jun 27- Jul 1								
6	Jul 4 - 8								
7	Jul 11 - 15								
8	Jul 18 - 22								
9	Jul 25 - 29								
10	Aug 1 - 5								
11	Aug 8 - 12								

Elective Class Options

Swim Lessons:

Week:	1	2	3	4	5	6
	x					

	7	8	9	10	11

Tennis Lessons:

Weeks:	1	2	3	4	5	6

	7	8	9	10	11

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 nikole.bielby@genesishealthclubs.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 Camp Desk at 816.385.5264 Ext: 704 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.

Camp Pricing:

	Member	Non-Member
M-F	$ 150	$ 160
MWF	$ 105	$ 115
T/Th	$ 75	$ 80
Single Day	$ 37.50	$ 40

Team Member Use:

Date Processed: _____

Processed By: _____

Parent Name: _____

Parent Signature: _____

Date: _____ / _____ / _____