



# East Olathe 2023 Change Form

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

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

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

Camper Name:	_____
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## Cancellations

Camp Weeks	M-F	MWF	TTh	M	T	W	Th	F
1 May 30-June 2		X		X				
2 June 5-9								
3 June 12-16								
4 June 19-23								
5 June 26-30								
6 July 3, 5-7			X	X				
7 July 10-14								
8 July 17-21								
9 July 24-28								
10 July 31-August 4								

## 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 [anna.shamo@genesishhealthclubs.com](mailto:anna.shamo@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 30-June 2		X		X				
2 June 5-9								
3 June 12-16								
4 June 19-23								
5 June 26-30								
6 July 3, 5-7			X	X				
7 July 10-14								
8 July 17-21								
9 July 24-28								
10 July 31-August 4								

## Camp Pricing:

	Member	Non-Member
M-F	\$ 210	\$ 230
MWF	\$ 147	\$ 161
T/Th	\$ 106	\$ 116
Single Day	\$ 53	\$ 58

Team Member Use:

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

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

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

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

Date:     /     /