MORNING PROGRAM 2024

Morning program will start June 3rd for youth entering kindergarten (Must be 5 by or on September 1) through sixth grade. Activities held include swimming at the Kodiak Community Pool, group games in the Baranof Enclosure, and visits to the Public Library. Sunny day activities may include games at Baranof Park field, Main Elementary playground, or the East Addition playground. Children will receive a lunch provided by the KIBSD Summer Lunch Program. Lunches will be eaten at the Kodiak High School cafeteria daily. Children are separated into two groups by age. The program runs from 9 a.m. to noon, Monday through Thursday in the following five two-week sessions: June 3 – 13, June 17 – 27, July 8 – 18, July 22 – August 1, August 5 – 15.

| KHS Cafeteria (located on the se | chenoff St) every morning. And pick up location will be at the cond floor of the Kodiak High School). |
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| - | e from 8:45 – 9:05 a.m. ill be at 11:50 a.m. – 12:10 p.m. |
| | <i>Center: 410 Cedar Street</i> |
| | at 907-486-8665 or by email at parkstaff@city.kodiak.ak.us |
| ession One: June 3 – 13, 9 to Noon, \$40 | Session Three: July 8 – 18, 9 to Noon, \$40 |
| □ K – 2 nd Grades, Registration Code: MP1.1 | □ K – 2 nd Grades, Registration Code: MP3.1 |
| June 3 – 6, Reg Code: MP1.1A, \$25 | July 8 – 11, Reg Code: MP3.1A, \$25 |
| June 10 – 13, Reg Code: MP1.1B, \$25 | July 15 – 18, Reg Code: MP3.1B, \$25 |
| □ 3rd – 6 th Grades, Registration Code: MP1.2 | □ 3rd – 6 th Grades, Registration Code: MP3.2 |
| • June 3 – 6, Reg Code: MP1.2A, \$25 | July 8 – 11, Reg Code: MP3.2A, \$25 |
| June 10 – 13, Reg Code: MP1.2B, \$25 | July 15 – 18, Reg Code: MP3.2B, \$25 |
| ₀ ession Two: June 17 - June 27, 9 to Noon, \$40 | Session Four: July 22 - August 1, 9 to Noon, \$40 |
| \Box K – 2 nd Grades, Registration Code: MP2.1 | K – 2nd Grades, Registration Code: MP4.1 Jul 22 – 25, Reg Code: MP4.1A, \$25 |
| June 17 – 20, Reg Code: MP2.1A, \$25 | Jul 22 23, Neg Code: MP4.1A, \$25 Jul 29 – Aug 1, Reg Code: MP4.1B, \$25 |
| June 24 – 27, Reg Code: MP2.1B, \$25 | □ 3rd – 6 th Grades, Registration Code: MP4.2 |
| □ 3rd – 6 th Grades, Registration Code: MP2.2 | Jul 22 – 25, Reg Code: MP4.2A, \$25 |
| June 17 – 20, Reg Code: MP2.2A, \$25 | Jul 29 – Aug 1, Reg Code: MP4.2B, \$25 |
| June 24 – 27, Reg Code: MP2.2B, \$25 | Session Five: August 5 - 15, 9 to Noon, \$40 |
| | □ K – 2 nd Grades, Registration Code: MP5.1 |
| | Aug 5 – 8, Reg Code: MP5.1A, \$25 |
| | Aug 12 – 15, Reg Code: MP5.1B, \$25 |
| | 3rd – 6 th Grades, Registration Code: MP5.2 |
| | • Aug 5 - 8, Reg Code: MP5.2A, \$25 |
| | Aug 12 - 15, Reg Code: MP5.2B, \$25 |
| | to the Teen Center, 410 Cedar St. |
| EGISTRANT'S NAME | D.O.BAGE GRADE FALL 24 |
| DDRESS | HOME PHONE CELL PHONE |
| | |
| -MAIL ADDRESS | |
| RE-MEDICAL CONDITIONS PROGRAM SHOULD BE AWARE ABC | DUT: |
| | |
| | |
| Vaiver of Responsibility: Recognizing the possibility of physical injury a ecreation Department and the Kodiak Island Borough School District a ereby release, discharge and/or otherwise indemnify the City of Kodia | |
| rganizations and sponsors, their employees, volunteers and associated f the registrant's participation in this program. | d personnel against any claim by or on behalf of the registrant as a result |
| rganizations and sponsors, their employees, volunteers and associated f the registrant's participation in this program. IGNATURE OF PARENT OR GUARDIAN | d personnel against any claim by or on behalf of the registrant as a result DATE |
| rganizations and sponsors, their employees, volunteers and associated f the registrant's participation in this program. IGNATURE OF PARENT OR GUARDIAN | d personnel against any claim by or on behalf of the registrant as a result DATE |
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| rganizations and sponsors, their employees, volunteers and associated f the registrant's participation in this program. IGNATURE OF PARENT OR GUARDIAN RINTED NAME OF PARENT OR GUARDIAN MERGENCY CONTACT NAME For Teen Center Staff FEE: \$40 Indicate method of payment:CashCh | d personnel against any claim by or on behalf of the registrant as a result DATE EMERGENCY neck (Check Number) Staff Initials: Date: |
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