

The Kids Zone



Contact Information

Mailing Address: 748 S. Meadows Pkwy. Suite A-9 PMB #154 Reno, NV 89521

Physical Address: 13815 Spelling Ct. Reno, NV 89521

Website: www.thekidszonereno.com

Call or text: 775-852-3522

Email: thekidszonereno@gmail.com

Fall Break Camp 2025

October

Monday	Tuesday	Wednesday	Thursday	Friday
6 Roller Kingdom Wear long socks! Snack bar \$ optional	7 High Ballocity Wear socks Snack bar \$ optional	8 Andelin Farm Pumpkin Patch Dress for the weather! Wear closed toe shoes and bring a jacket.	9 Coconut Bowl Snack bar \$ optional	10 Crystal Peak Park Dress for the weather! Wear closed toe shoes and bring a jacket.

Sign ups start Monday, September 15, 2025

Camp spots are limited and reserved on a first come first served basis.

Camp shirts are required, they are available for purchase on site for \$15 each

Camp Pricing: \$70/day

\$275/week

Sibling Discount: (Full time only) \$500

Hours of Operation:

7:00AM-6:00PM

Set your child up for success:

- Dress your child for the field trip and the weather!
- Label **ALL** of your child's belongings.
- Send your child to camp well rested and ready to be active!
- Send your child with a healthy and filling lunch along with extra snacks for the afternoon!

Field Trips:

- Children must be dropped off and signed in by **9:30AM**.
- We will return to Brown by **3:30PM**.
- **Due to safety concerns children may not join or leave a field trip in progress.**

Camp Shirts:

- **ALL** children attending The Kids Zone camp are required to wear the safety green Kids Zone camp shirt **EVERY DAY**.
- Camp shirts may be purchased on site from a Kids Zone staff member for \$15.00 each.
- In the event a child does not bring their camp shirt they will receive a new camp shirt, which will be billed to their account.

What to bring to camp EVERY DAY:

- **Cold sack lunch**
- **Snacks**
- **Water bottle**
- **Camp shirt**
- **Appropriate shoes**
- **Backpack**
- **Weather appropriate clothing (jacket, sweater etc.)**

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Participant Name(s): _____

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Please complete this calendar and submit payment to sign your child up for camp.

I understand I will be billed for the days/weeks marked on this calendar regardless of attendance. There are no credits for missed, sick, or suspended days. Credits will not be given if attendance dates are changed.

Date: _____ Signature: _____

Camp Pricing: \$70/day

\$275/week

Sibling Discount: (Full time only) \$500

Total Payment:

Check Number:

Date:

Received by: