SUMMER 2004 KCC DAY CAMP REGISTRATION, AUTHORIZATION & HEALTH FORM

CHILD'S NA	AME			A	.GE(GRADE1	HOME PHO	NE	
ADDRESS_						_CITY		ZIP	
PARENT/GU	J ARDIAN'S	NAME				WORK	PHONE		
PARENT/GU	JARDIAN'S	NAME				WORK	PHONE		
My child,						_, has permissio	on to take par	t in all KCC	Day Camp
activities; an	y restrictions	are stated here:							
Please check	one of the fo	llowing statements belo	ow:						
My c	child has my p	permission to walk hom	ne	My child	d cannot w	alk from camp	without a p	arent.	
		as with children being doof if my child is dropped							
								_(Signature)
In case of me	edical emerge	ncy or other situation re	equiring i	mmediate a	ction, two	other people to	contact are:		
	Print Name Relationship Phone						hone		
them, or me or at a hospit	I authorize the al or other fac	ople are authorized to get KCC staff to take suc	give permin h action a	ission for er is they deen	nergency m necessary	, including trea	nt for my chil tment of my c	child by a ph	ysician, nurse
For Office	e use only. P	Please do not fill out	weeks o	r fees belo	ow. Use or	nly the colum	n titled wee	ek requesto	ed.
Week Requested	Week	Date	Cost	Deposit Due	Balance	Payment Due	Date Received	Check #	Amount Received
	Week 1	June 14 -18	\$170	\$25		June 4			
	Week 2	June 21 - 25	\$170	\$25		June 4			
	Week 3	June 28 - July 2	\$170	\$25		June 18			
	Week 4	July 5 - 9	\$170	\$25		June 18			
	Week 5	July 12 - 16	\$170	\$25		July 2			
	Week 6	July 19 - 23	\$170	\$25		July 2			

July 16

July 16

July 30

July 30

July 26 - 30

August 2 - 6

August 9 - 13

August 16 - 20

\$170

\$170

\$170

\$170

\$25

\$25

\$25

\$25

Week 7

Week 8

Week 9

Week 10

Total