SUMMER 2006 KCC DAY CAMP REGISTRATION, AUTHORIZATION & HEALTH FORM

CHILD'S NAME	AGE	GRADE fall 2006	HOME PHONE			
ADDRESS		CITY	ZIP			
PARENT/GUARDIAN'S NAME		WO	RK PHONE			
PARENT/GUARDIAN'S NAME	WORK PHONE					
My child,	, has permission to take part in all KCC Day Camp					
activities; any restrictions are stated here:						
Please check one of the following statements below:						
My child has my permission to walk home	My ch	ild cannot walk from ca	mp without a parent.			
Due to increasing problems with children being dropped minutes – or fraction thereof if my child is dropped off oup charge.	early or pick	ed up late. I have read an	ad understand the early drop off /late pick			
In case of medical emergency or other situation requirin						
Print Name		Relationship	Phone			
Print Name In an emergency, these people are authorized to give perthem, or me I authorize the KCC staff to take such actio or at a hospital or other facility.	n as they de	emergency medical treati em necessary, including t	reatment of my child by a physician, nurse			
Date: Signature (Parent/Guardian):						
For Office use only. Please do not fill out weeks						

Week Requested	Week	Date	Cost	Deposit Due	Balance	Payment Due	Date Received	Check #	Amount Received
Week 3 Week 4 Week 5 Week 6 Week 7 Week 8 Week 9	Week 1	June 12 - 16	\$200	\$50		June 2			
	Week 2	June 19 - 23	\$200	\$50		June 2			
	Week 3	June 26 - 30	\$200	\$50		June 16			
	Week 4	July 5,6, & 7	\$100	\$30		June 16			
	Week 5	July 10 - 14	\$200	\$50		June 30			
	Week 6	July 17 - 21	\$200	\$50		June 30			
	Week 7	July 24 - 28	\$200	\$50		July 14			
	Week 8	July 31 – Aug.4	\$200	\$50		July 14			
	Week 9	August 7 - 11	\$200	\$50		July 28			
	Week 10	August 15 - 19	\$200	\$50		July 28			
	Total								