## SUMMER 2008 KCC DAY CAMP REGISTRATION, AUTHORIZATION & HEALTH FORM

CHILD'S NAME	AGE GRADE fall 2008	HOME PHONE				
ADDRESS	CITY	ZIP				
PARENT/GUARDIAN'S NAME	WORK 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 child cannot walk from c	amp without a parent.				
Due to increasing problems with children being dropped of minutes – or fraction thereof if my child is dropped off earn charge.						
up charge.		(Signature)				
In case of medical emergency or other situation requiring	immediate action, two other people	e to contact are:				
Print Name	Relationshi	p Phone				
Print Name In an emergency, these people are authorized to give pern them, or me I authorize the KCC staff to take such action or at a hospital or other facility.	nission for emergency medical trea					
Date:Signature (Parent/Guardian):						

Week Requested	Week	Date	Cost	Deposit Due	Balance	Payment Due	Date Received	Check #	Amount Received
	Week 1	June 16 - 20	\$205	\$50		June 1			
	Week 2	June 23 - 27	\$205	\$50		June 1			
	Week 3	June 30 – July 3	\$155	\$50		June 1			
	Week 4	July 7 - 11	\$205	\$50		June 1			
	Week 5	July 14 - 18	\$205	\$50		June 1			
	Week 6	July 21 - 25	\$205	\$50		July 1			
	Week 7	July 28 – Aug. 1	\$205	\$50		July 1			
	Week 8	August 4 - 8	\$205	\$50		July 1			
	Week 9	August 11- 15	\$205	\$50		July 1			
	Week 10	August 18 - 22	\$205	\$50		July 1			
	Total								