SUMMER 2009 KCC DAY CAMP REGISTRATION, AUTHORIZATION & HEALTH FORM

CHILD'S NA	ME			_AGE	_GRADE	fall 2009	HOME PHO	NE	
ADDRESS						_CITY	ZIP		
PARENT/GUARDIAN'S NAME					WORK PHONE				
PARENT/GUARDIAN'S NAME					WORK PHONE				
My child,						_, has permissi	on to take part	t in all KCC	Day Camp
activities; an	y restrictions	are stated here:							
		llowing statements belo							
My c	child has my p	permission to walk hom	ıe	My child	l cannot w	alk from camj	o without a pa	arent.	
fraction there	eof - a child is	dren being dropped off s dropped off early or p ncy or other situation re	icked up	late. I have	read and un	nderstand the e	arly drop off /		charge.
Print Name]	Relationship	P	hone	
them or me, or at a hospit Date:	I authorize the al or other fac	ople are authorized to g e KCC staff to take suc cility. gnature (Parent/Guardi	h action a	is they deem	n necessary,	including trea	tment of my c	hild by a ph	iysician, nurse
For Office	e use only. F	Please do not fill out	weeks o	r fees belo	ow. Use of	nly the colun	nn titled wee	ek request	ed.
Week Requested	Week	Date	Cost	Deposit Due	Balance	Payment Due	Date Received	Check #	Amount Received
	Week 1	June 15 - 19	\$205	\$50		June 1			
	Week 2	June 22 - 26	\$205	\$50		June 1			
	Week 3	June 29 – July 3	\$205	\$50		June 1			
	Week 4	July 6 - 10	\$205	\$50		June 1			
	Week 5	July 13 - 17	\$205	\$50		June 1			
	Week 6	July 20 - 24	\$205	\$50		July 1			
	Week 7	July 27 – 31	\$205	\$50		July 1			
	Week 8	August 3 - 7	\$205	\$50		July 1			
	Week 9	August 10- 14	\$205	\$50		July 1			

\$50

\$205

July 1

August 17 - 21

Week 10

Total