SUMMER 2010 KCC DAY CAMP REGISTRATION, AUTHORIZATION & HEALTH FORM

CHILD'S NAME				AGE	GRA	ADE fall 20	10 HOM	E PHONE_		
ADDRESS						CITY	<i>[</i>	ZIP		
PARENT/GUARDIAN'S NAME					CELL/WORK PHONE					
PARENT/GUARDIAN'S NAME					CELL/WORK PHONE					
My child,					, has permission to take part in all KCC Day Camp					
activities; a	any restriction	s are stated here:								
Please che	ck one of the	following statements	below:							
		y permission to walk		Mv	child cann	ot walk fro	om camp witho	out a naren	t.	
fraction the	ereof - a child	ildren being dropped is dropped off early gency or other situati	or picked	d up late. I	have read a	and understa	and the early dro	op off /late j (Sig		
Print Name Relationship Phone										
Print Name						Kelauk	лізпір	riione		
them or me	gency, these p						treatment for n			
Date:		Signature (Parent/Gu	ıardian):_							
T 0.00										
For Offi	ce use only.	Please check only	y the col	lumn title	d, "√ Wee	k Wanted	•"			
√ Week Wanted	Week	Date	Cost	Deposit Due	Initial Balance	Check #	1 st payment date	Balance Due	Final payment, date, check #	
	Week 1	June 14-18	\$205	\$50				June 1		
	Week 2	June 21- 25	\$205	\$50				June 1		
	Week 3	June 28-July 2	\$205	\$50				June 1		
	Week 4	July 6-9	\$160	\$50				June 1		
	Week 5	July 12-16	\$205	\$50				June 1		
	Week 6	July 19-23	\$205	\$50				July 1		
	Week 7	July 26–30	\$205	\$50				July 1		

Week 8

Week 9

Week 10

Total

August 2-6

August 9-13

August 16-20

\$205

\$205

\$205

\$50

\$50

\$50

July 1

July 1

July 1