SUMMER 2011 KCC DAY CAMP REGISTRATION, AUTHORIZATION & HEALTH FORM

CHILD'S N	NAME			AGE	GRA	DE fall 20	11HOM	E PHONE_			
ADDRESS	5					CITY	7		_ZIP		
PARENT/0	GUARDIAN	S NAME			CELL PHONE						
PARENT/0	GUARDIAN	S NAME			CELL PHONE						
Parent ema	il address: _										
My child,						, has permission to take part in all KCC Day Camp					
activities; a	any restriction	is are stated here:									
Please chec	ck one of the	following statemen	ts below:								
My	y child has m	permission to wal	lk home.	My	child cann	ot walk fro	om camp witho	out a paren	t.		
fraction the	ereof - a child	ildren being dropp is dropped off earl	ly or picke	d up late. I	have read a	nd understa	and the early dro	op off /late j (Sig			
In case of r	medical emer	gency or other situa	ation requi	ring immed	late action,	two other p	eople to contac	t are:			
Print Name						Relationship Phone					
them or me	gency, these						treatment for n				
		Signature (Parent/C									
		Please check on									
√ Week Wanted	Week	Date	Cost	Deposit Due	Initial Balance	Check #	1 st payment date	Balance Due	Final payment, date, check #		

For Office use only. Please check only the column titled, " $$ Week Wanted."									
√ Week Wanted	Week	Date	Cost	Deposit Due	Initial Balance	Check #	1 st payment date	Balance Due	Final payment, date, check #
	Week 1	June 13-17	\$205	\$50				June 1	
	Week 2	June 20- 24	\$205	\$50				June 1	
	Week 3	June 27-July 1	\$205	\$50				June 1	
	Week 4	July 5-8	\$160	\$50				June 1	
	Week 5	July 11-15	\$205	\$50				June 1	
	Week 6	July 18-22	\$205	\$50				July 1	
	Week 7	July 25–29	\$205	\$50				July 1	
	Week 8	August 1-5	\$205	\$50				July 1	
	Week 9	August 8-12	\$205	\$50				July 1	
	Week 10	August 15-19	\$205	\$50				July 1	
	Total								