SUMMER 2012 KCC DAY CAMP REGISTRATION, AUTHORIZATION & HEALTH FORM

CHILD'S NAME_____AGE_____ GRADE fall 2012_____ HOME PHONE_____

ADDRESS_____CITY_____ZIP_____

PARENT/GUARDIAN'S NAME_____CELL PHONE_____

PARENT/GUARDIAN'S NAME_____CELL PHONE_____

Parent email address: _____

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 camp without a parent.**

In case of medical emergency or other situation requiring immediate action, two other people to contact are:

_____ _____ _____
Print Name Relationship Phone

_____ _____ _____
Print Name Relationship Phone

In an emergency, these people are authorized to give permission for emergency medical treatment for my child. If you cannot reach them or me, I authorize the KCC staff to take such action as they deem necessary, including treatment of my child by a physician, nurse or at a hospital or other facility.

Date:_____ Signature (Parent/Guardian):_____

For Office use only. Please check only the column titled, "√ Week Wanted."

√ Week Wanted	Week	Date	Cost	Deposit Due	Initial Balance	Check #	1st payment date	Balance Due	Final payment, date, check #
	Week 1	June 11- 15 Jungle	$225	$50				June 1	
	Week 2	June 18 –22 Oakland Zoo	$225	$50				June 1	
	Week 3	June 25 –29 Adventure Playground	$225	$50				June 1	
	Week 4	July 2-6 closed July 4th	$190	$50				June 1	
	Week 5	July 9-13 Lake Anza	$225	$50				June 1	
	Week 6	July 16 –20 Bladium	$225	$50				July 1	
	Week 7	July 23 –27 Scandia	$225	$50				July 1	
	Week 8	July 30 – Aug.3 Lake Temescal	$225	$50				July 1	
	Week 9	August 6 –10 Angel Island	$225	$50				July 1	
	Week 10	August 13 –17 Bladium	$225	$50				July 1	
	Total								