

SUMMER 2013 KCC DAY CAMP REGISTRATION, AUTHORIZATION & HEALTH FORM

**For Families paying by Check or Cash Only
Credit Card Payments are now Accepted On-Line**

CHILD'S NAME _____ AGE _____ GRADE fall 20013 _____ HOME PHONE _____

ADDRESS _____ CITY _____ ZIP _____

PARENT/GUARDIAN'S NAME _____ cell PHONE _____

PARENT/GUARDIAN'S NAME _____ cell PHONE _____

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
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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 do not fill out weeks or fees below. Use only the column titled week requested.

Week Requested	Week	Date	Cost	Deposit Due	Balance	Date Received	Check #	Amount Received
	Week 1	June 10 -14	\$235	\$50				
	Week 2	June 17-21	\$235	\$50				
	Week 3	June 24-28	\$235	\$50				
	Week 4	July 1- 5 (closed 4thJuly)	190	\$50				
	Week 5	July 8-12	\$235	\$50				
	Week 6	July 15-19	\$235	\$50				
	Week 7	July 22-26	\$235	\$50				
	Week 8	July 29-Aug. 2	\$235	\$50				
	Week 9	August 5-9	\$235	\$50				
	Week 10	August 12-16	\$235	\$50				
	Total							