SUMMER 2007 KCC DAY CAMP REGISTRATION, AUTHORIZATION & HEALTH FORM

CHILD'S NAME	_AGE	GRADE fall 2007	HOME PHONE				
ADDRESS		CITY	2	ZIP			
PARENT/GUARDIAN'S NAME		WOF	RK PHONE				
PARENT/GUARDIAN'S NAME	WORK PHONE						
My child,		, has permis	sion 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 ch	ild cannot walk from ca	mp without a parent.				
Due to increasing problems with children being dropped o minutes – or fraction thereof if my child is dropped off ear up charge.							
			(Sign	ature)			
In case of medical emergency or other situation requiring i	immediate	action, two other people	to contact are:				
Print Name		Relationship	Phone				
Print Name In an emergency, these people are authorized to give perm them, or me I authorize the KCC staff to take such action a or at a hospital or other facility.			nent for my child. If y				
Date:Signature (Parent/Guardian):							
For Office use only. Please do not fill out weeks o	or fees be	low. Use only the colu	ımn titled week req	uested.			

Week Requested	Week	Date	Cost	Deposit Due	Balance	Payment Due	Date Received	Check #	Amount Received
	Week 1	June 18 - 22	\$200	\$50		June 11			
	Week 2	June 25 - 29	\$200	\$50		June 11			
	Week 3	July 2 - 6	\$150	\$50		June 18			
	Week 4	July 9 - 13	\$200	\$50		June 18			
	Week 5	July 16 - 20	\$200	\$50		July 2			
	Week 6	July 23 - 27	\$200	\$50		July 2			
	Week 7	July 30 – Aug. 3	\$200	\$50		July 16			
	Week 8	August 6 - 10	\$200	\$50		July 16			
	Week 9	August 13 - 17	\$200	\$50		July 30			
	Week 10	August 20 - 24	\$200	\$50		July 30			
	Total								