



**REGISTRATION FORM – (KCCC) KANEVILLE COMMUNITY CHILD CENTER
SUMMER CAMP 2020**

Please print in ink. Use this form to register for summer camp only. Return this form via the following methods only:

Walk-in Registration:
Kaneville Community Child Center
2S101 Harter Rd.
Kaneville, IL 60144

Mail:
KCCC
P.O. Box 111
Kaneville, IL 60144

For questions regarding registration, call 630-557-2424. If any camp is full prior to or upon receipt of this registration form, all registration fees paid by check will be returned via mail. You will be notified by e-mail if the camp is full. **All children MUST be going into Kindergarten up to 11 years old.**

REGISTRANT INFORMATION

Child #1:

Last Name: _____ First Name: _____ Birth Date: ____/____/____

Gender: M F Grade for 2020-2021: K 1 2 3 4 5

Street Address: _____

City: _____ Zip Code: _____

Child #2:

Last Name: _____ First Name: _____ Birth Date: ____/____/____

Gender: M F Grade for 2020-2021: K 1 2 3 4 5

Street Address: _____

City: _____ Zip Code: _____

Parent or Guardian Name:

Last Name: _____ First Name: _____

Phone Number: _____ Email _____

Emergency Contact Name (other than parent/guardian):

Last Name: _____ First Name: _____

Emergency Contact Phone Number: _____ Relationship to child: _____

Please circle one date per camp that your child(ren) would like to attend. Then indicate how many children would like to attend each camp per week.								Pricing is for one child per camp week.		
Camp 1	6/15	6/22	6/29	7/6	7/13	7/20	8/3	# of Children	1 2	X \$90 = _____*
Camp 2	6/15	6/22	6/29	7/6	7/13	7/20	8/3	# of Children	1 2	X \$90 = _____*
Camp 3	6/15	6/22	6/29	7/6	7/13	7/20	8/3	# of Children	1 2	X \$90 = _____*
Total Due = _____*										

Waiver: In consideration of my child's participation in summer camps offered at Kaneville Community Child Center (KCCC), I, the undersigned parent/guardian, attest that my child is in good health to participate in this activity. I agree that my child will abide by the rules and regulations of KCCC and recognize that failure to do so may result in my child's exclusion from the camp. I am aware of the risks involved with this activity and assume those risks. I release KCCC and its staff from any and all claims for any injury, loss, damage, accident or expense arising from my child's participation in the summer camp programs.

Signature of Parent or Guardian: _____ **Date:** ____/____/____

Payment is due at the time of registration. Please make checks payable to KCCC. *Credit Cards including VISA, Mastercard, Discover, and American Express will have an additional processing fee.

Only completed registrations will be accepted to process a credit card payment.

All payment information is destroyed after processing.

Cash Check# _____ VISA MasterCard Discover American Express
Card Number: _____ - _____ - _____ Exp. Date: ____/____ CVV: _____

Authorized Credit Card Signature: _____

Billing Zip Code: _____ Name Printed on Card: _____

Total Fees: _____
Date Rcv'd: _____
____/____/____