



**REGISTRATION FORM – (KCCC) KANEVILLE COMMUNITY CHILD CENTER
 Preschool Summer Camps 2021 – Ages 3-5 (Must be fully potty trained)**

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

Walk-in/Drop-Off Registration:
 Kaneville Community Child Center
 2S101 Harter Rd. (Drop box inside front entrance)
 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.

REGISTRANT INFORMATION

Child #1:

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

Gender: M F Current Age: _____ My child is fully potty trained.

Street Address: _____

City: _____ Zip Code: _____

Child #2:

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

Gender: M F Current Age: _____ My child is fully potty trained.

Street Address (if not same as above): _____

City: _____ Zip Code: _____

Parent or Guardian Name:

First/Last Name: _____

Phone Number: _____ Email _____

Emergency Contact Name (other than parent/guardian listed above):

First/Last Name: _____

Emergency Contact Phone Number: _____ Relationship to child: _____

Please check each camp that your child(ren) would like to attend.		
<input type="checkbox"/> June 14-18 Let's Get This Summer Started!	<input type="checkbox"/> July 5-9 Little Einsteins	
<input type="checkbox"/> June 21-25 Pirates and Treasure	<input type="checkbox"/> July 12-16 Under the Big Top	
<input type="checkbox"/> June 28 - July 2 Stars & Stripes	<input type="checkbox"/> July 19-23 Nature Explorers	

Number of campers ___ x **Number of camps** ___ x \$90 Camp only or \$200 Camp & Care = _____ **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 with registration via check or credit card only. 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.

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: ___/___/___

Office Use Only
