



**REGISTRATION FORM – (KCCC) KANEVILLE COMMUNITY CHILD CENTER  
Summer Camp & Care 2021**

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. **All children MUST be entering Kindergarten to 11 years old or entering 5<sup>th</sup> grade Fall of 2021.**

**REGISTRANT INFORMATION**

**Child #1:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Birth Date: \_\_\_/\_\_\_/\_\_\_

Gender: M F Grade for 2021-2022: K 1 2 3 4 5

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Child #2:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Birth Date: \_\_\_/\_\_\_/\_\_\_

Gender: M F Grade for 2021-2022: K 1 2 3 4 5

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 7-11 The Great Outdoors Camp	<input type="checkbox"/> July 5-9 Wet N' Wild Camp	<input type="checkbox"/> Aug 2-6 Young Engineers Camp
<input type="checkbox"/> June 14-18 Game Show Camp	<input type="checkbox"/> July 12-16 Feel the Beat Camp	
<input type="checkbox"/> June 21-25 Jr. Ranger Camp	<input type="checkbox"/> July 19-23 Messy Mania Camp	

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: ___/___/___
<b>Office Use Only</b>