



**REGISTRATION FORM – (KCCC) KANEVILLE COMMUNITY CHILD CENTER
Summer Camp & Care 2022**

For questions regarding registration, call 630-557-2424. If any camp is full prior to or upon receipt of this registration form, you will not be billed. You will be notified by e-mail if the camp is full. **All children MUST be entering Kindergarten to 11 years old or entering 5th grade Fall of 2022.**

REGISTRANT INFORMATION

Child #1:

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

Gender: M F Grade for 2022-2023: _____

Street Address: _____

City: _____ Zip Code: _____

Child #2:

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

Gender: M F Grade for 2022-2023: _____

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 6-10 The Great Outdoors Camp	<input type="checkbox"/> June 27-July 1 Messy Mania Camp	<input type="checkbox"/> Aug 1-5 Young Engineers Camp
<input type="checkbox"/> June 13-17 Game Show Camp	<input type="checkbox"/> July 11-15 Wet N' Wild Camp	
<input type="checkbox"/> June 20-24 Jr. Ranger Camp	<input type="checkbox"/> July 18-22 Feel the Beat Camp	

Number of campers ____ **x Number of camps** ____ **x \$100 Camp =** _____ **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 ACH or credit card only.

Auto payment through Procure Tuition Express (**NO FEE**)

(EFT Checking account # _____ Routing # _____)

Name of Bank _____

*Credit cards including VISA, Mastercard, Discover, and American Express will have an additional processing fee.

Card Number: _____ - _____ - _____ - _____ Exp. Date: ____/____ CVV: _____

Authorized Credit Card Signature: _____

Billing Zip Code: _____ Name Printed on Card: _____

Total Fees: _____
Date Rcv'd: ____/____/____
Office Use Only