



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

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 at least 3 years old and fully potty trained to attend.

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.

June 6-10 **"Here Come the Dinosaurs!"**

June 13-20 **Little Bitty Bakers**

July 11-15 **Wet N' Wild**

July 18-22 **Pirates and Treasure**

Number of campers ____ **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 Procare 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