



**REGISTRATION FORM – (KCCC) KANEVILLE COMMUNITY CHILD CENTER
Preschool Summer Camp 2023**

Monday - Friday 9am-11:30am (Min. of 5 and Max. of 8 campers per class)

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 3 -5 years old and FULLY POTTY TRAINED.**

Child #1:

REGISTRANT INFORMATION

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

Gender: M F Fully potty trained: _____

Street Address: _____

City: _____ Zip Code: _____

Child #2:

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

Gender: M F 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: _____

<input type="checkbox"/> June 5-9 Summertime Fun	<input type="checkbox"/> June 26-30 Camping	<input type="checkbox"/> July 31-Aug 4 Zoo Animals
<input type="checkbox"/> June 12-16 Under the Sea	<input type="checkbox"/> July 10-14 Out in Space	<input type="checkbox"/> August 7-11 Bugs
<input type="checkbox"/> June 19-23 Pirates	<input type="checkbox"/> July 17-21 Dinosaurs	

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 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 3% 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