

# KCC Summer Camps – Lil' Campers (K-1)

#### PLEASE FILL OUT FORM ENTIRELY

Child attending week(s): 1 2 3 4 5 6 7 8 9 ALL

Cilia attending week(s).	1 2 3 4 3 0 7 8 9 ALL				
Child's Name:	Age (as of June 17) Grade in Fall 24: Date of Birth:				
Parent/Guardian #1:	Parent/Guardian #2:				
Parent/Guardian #1 Tel. #: (H) (W)	Parent/Guardian #2 Tel. #: (H) (W)				
Parent/Guardian #1's Address:	Parent/Guardian #2's Address:				
Town/City:	Town/City:				
Parent/Guardian #1's Work Place & Address:	Parent/Guardian #2's Work Place & Address				
Other contact #'s (Cell #):					
E-mail address(es) (for camp newsletter, info, etc):					
Child's t-shirt size: YS YM YL AS AM AL	Do you want your child to participate in the free lunch program? YES NO				
EMERGENCY INFORMATION –	Must list two, completely filled out.				
Emergency Contact #1:	Emergency Contact #2:				
Tele. #: (H) (W)	Tele. #: (H) (W)				
Relationship:	Relationship:				
Address:	Address:				
MEDICAL INFORMATIO	DN – Must fill out completely.				
Any medical conditions, allergies, etc:	Any medications:				
Doctor's Name:	Telephone:				
Dentist's Name:	Telephone:				
In the event your Doctor cannot be reached, York Hospital in Kittery will be used.					
INSURANCE INFORMATI	ON – Must fill out completely.				
Insurance Provider:	Subscriber's Name:				
Policy Number:					
RELEASE INFORMATION					
People who are allowed to pick your child up (INCLUDING YOURSELVES):	Is there anyone that your child is familiar with that you <b>DO NOT</b> want your child being released to:				



## KITTERY COMMUNITY CENTER – PARENT RECOGNITION FORM

have read the KCC Summer Camp 2024 Information Packet, and understand what is expected of my child(ren), and myself. I am aware of registration fees, program costs, and when payments are due. I understand my child is responsible for his/her own belongings, putting sunscreen on themselves, and respecting others. I will inform KCC Summer staff of any changes in my child's health, or personal information (phone #'s etc.). I understand KCC Summer staff will do everything in their power to provide my child with the care, respect, and safety I expect throughout the summer.					
Parent/Guardian Signature	Date				
<u>RI</u>	ELEASE WAIVERS				
including all field trips, games, activities, transport to be treated by a medical professional in the ever	e in the Kittery Community Center's Summer Camp Program, ation and special events. I also give permission for my child of an emergency. I hereby waive, release, and discharge y, all Town Employees, and all volunteers from all liability				
Parent/Guardian Signature	Date				
<u>F</u>	PHOTO RELEASE				
I give permission for my child to have his/her pictuand/or KCC Programming Guide.	ure taken for publication in KCC social media, local newspaper				
Parent/Guardian Signature	Date				
I <u>do not give permission</u> for my child to have his/h newspapers and/or KCC Programming Guide.	ner picture taken for publication in KCC social media, local				
Parent/Guardian Signature	 Date				



# **KCC Summer Camp Water Activities Permission Slip**

Throughout the summer, the KCC Summer Camp Programs visit places that have water amenities. These trips may include Portsmouth Outdoor Pool, Wallis Sands Beach, Fort Foster, New Castle Common, State Parks, Aquaboggan Water Park, Splashtown Water Park, etc. Most of these locations have lifeguards on-site, but a few do not.

State licensing rules require those children 8 years of age and under to wear Coast Guard approved flotation devices at all times while in the water at non-lifeguarded areas unless approved by a parent/guardian. Children over 8 years of age must wear a Coast Guard approved flotation device if the child has not taken swim lessons unless approved by a parent/guardian.

l,	give permission to the Kittery Community Center's Summer Program Staff to				
permit my child,	to swim at the various locations with water amenities. My child is				
years old a	nd is a:				
	**Non-swimmer (is not comfortable in the water, no swimming skills)**				
	Moderate Swimmer (comfortable in water, knows how to swim safely)				
	Expert Swimmer (has taken lessons, can swim safely, very comfortable in water)				
	Non-swimmer, you are responsible for providing us with a proper fitting life vest that we hild to all water activities. Please put your child's name on the life vest. **				
Parent/Guardian Signature					



### **MEDICAL INFORMATION**

I hereby give my consent, in the event of medical emergency when I cannot be contacted, for child care so obtain whatever treatment may be deemed necessary for	taff to
·	
(D.O.B.)	
This authorization includes my consent for the above-named child to receive treatment by a physician in any hospital emergency department.	
I hereby give my authorization for emergency medical treatment as outlined above.	
Known allergies:	
Known medical problems:	
Last tetanus shot:	
Parent/Guardian Signature Date	



## **KCC Summer Camp Program Fee Worksheet**

, me and	Family Name:		-
	FULL SUMMER – 9 WEEKS	\$	
	Week 1: June 17-21 (no camp 6/19)	\$	
	Week 2: June 24-June 28	\$	
	Week 3: July 1-5 (no camp 7/4)	\$	
	Week 4: July 8-12	\$	
	Week 5: July 15-19	\$	
	Week 6: July 22-26	\$	
	Week 7: July 29 -Aug 2	\$	
	Week 8: Aug 5-9	\$	
	Week 9: Aug 12-16	\$	
		TOTAL = \$	
	-	DEPOSIT = \$	
		BALANCE = \$	
Resident Sing	and paid by May 31 gle Week = \$225 t Single Week = \$270	For Off Date: Form of Payment: Payment Plan (if any Activenet: Y/N	

Initial: