



## KCC Summer Camps – Junior Explorers (2<sup>nd</sup>/3<sup>rd</sup> Grade)

PLEASE FILL OUT FORM ENTIRELY

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

|  |  |                   |                |
|--|--|-------------------|----------------|
| Child's Name:  | Age (as of June 20)  | Grade in Fall 23: | 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: <b>YS YM YL AS AM AL AXL</b>   | <b>Do you want your child to participate in the free lunch program?</b><br><div style="display: flex; justify-content: space-around;"> <span><b>YES</b></span> <span><b>NO</b></span> </div> |                   |                |

### 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 INFORMATION – Must fill out completely.

|  |                  |
|--|------------------|
| Any medical conditions, allergies, etc:  | Any medications: |
| Doctor's Name:   | Telephone:       |
| Dentist's Name:  | Telephone:       |
| <i><b>In the event your Doctor cannot be reached, York Hospital in Kittery will be used.</b></i> |                  |

### INSURANCE INFORMATION – Must fill out completely.

|                     |                    |
|---------------------|--------------------|
| Insurance Provider: | Subscriber's Name: |
| Policy Number:      |                    |

### RELEASE INFORMATION

|  |  |
|--|--|
| People who are allowed to pick your child up <b>(INCLUDING YOURSELVES)</b> : | 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**

I \_\_\_\_\_ have read the KCC Summer Camp 2023 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

**RELEASE WAIVERS**

I hereby give permission for my child to participate in the Kittery Community Center’s Summer Camp Program, including all field trips, games, activities, transportation and special events. I also give permission for my child to be treated by a medical professional in the event of an emergency. I hereby waive, release, and discharge the Kittery Community Center, the Town of Kittery, all Town Employees, and all volunteers from all liability that may arise from any injury to my child.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**PHOTO RELEASE**

I **give permission** for my child to have his/her picture taken for publication in KCC social media, local newspapers, and/or KCC Programming Guide.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

I **do not give permission** for my child to have his/her picture taken for publication in KCC social media, local newspapers and/or KCC Programming Guide.

\_\_\_\_\_  
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.

I, \_\_\_\_\_ 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 and 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)

\*\*If you checked off Non-swimmer, you are responsible for providing us with a proper fitting life vest that we will bring with your child to all water activities. Please put your child's name on the life vest. \*\*

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



**MEDICAL INFORMATION**

I hereby give my consent, in the event of medical emergency when I cannot be contacted, for child care staff to obtain whatever treatment may be deemed necessary for

\_\_\_\_\_.

\_\_\_\_\_  
(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 Jr. Explorers Program Fee Worksheet

Family Name: \_\_\_\_\_

|                          |                              |          |
|--------------------------|------------------------------|----------|
| <input type="checkbox"/> | <b>FULL SUMMER – 9 WEEKS</b> | \$ _____ |
|--------------------------|------------------------------|----------|

**Week 1: June 20-23 (no camp 6/19)** \$ \_\_\_\_\_

**Week 2: June 26-June 30** \$ \_\_\_\_\_

**Week 3: July 3-7 (no camp 7/4)** \$ \_\_\_\_\_

**Week 4: July 10-14** \$ \_\_\_\_\_

**Week 5: July 17-21** \$ \_\_\_\_\_

**Week 6: July 24-28** \$ \_\_\_\_\_

**Week 7: July 31-Aug 4** \$ \_\_\_\_\_

**Week 8: Aug 7-11** \$ \_\_\_\_\_

**Week 9: Aug 14-18** \$ \_\_\_\_\_

**TOTAL = \$ \_\_\_\_\_**

- **DEPOSIT = \$ \_\_\_\_\_**

**BALANCE = \$ \_\_\_\_\_**

**Registered and Paid by June 2**

- Resident Single Week = \$225
- Non-Resident Single Week = \$258.75
- Resident Full Summer = \$2025
- Non-Resident Full Summer = \$2328.75

|                             |                 |
|-----------------------------|-----------------|
| <b>For Office Use:</b>      |                 |
| Date: _____                 | Amt. Paid _____ |
| Form of Payment: _____      |                 |
| Payment Plan (if any) _____ |                 |
| Activenet: Y/N              |                 |
| Initial: _____              |                 |