

KECNS CAMP

Child's Name _____

Parent (s) Name: _____

Street Address _____

Parent (s) phone: _____

Address 2 _____

Parent (s) e-mail: _____

City, ST ZIP Code _____

Total amount (paid on first day of start date): _____

Week	Monday	Tuesday	Wednesday	Thursday	Friday	Day Camp/Extended Weekly Price
July 9-13						
July 16-20						
July 23-27						
August 13-17						

Notes: Please note sunscreen MUST be applied to your child before Camp.

Additional notes from parents: