

BRUIN YOUTH PROGRAMMING

BEFORE AND AFTER CAMP CARE

CHILD'S NAME _____ AGE _____

EMERGENCY CONTACT 1 _____ PHONE _____

EMERGENCY CONTACT 2 _____ PHONE _____

Please list any allergies or medical conditions we should be aware of: _____

CARE NEEDED THE FOLLOWING DAYS/WEEKS

(select by the week if you need care Monday-Thursday, or choose individual days as needed)

MORNING CARE

____ JUNE 18-21, M-TH (\$20)

6/18 6/19 6/20 6/21

____ JUNE 25-28, M-TH (\$20)

6/25 6/26 6/27 6/28

____ JULY 9-12, M-TH (\$20)

7/9 7/10 7/11 7/12

____ JULY 16-19, M-TH (\$20)

7/16 7/17 7/18 7/19

____ JULY 23-26, M-TH (\$20)

7/23 7/24 7/25 7/26

____ JUL 30-AUG 2, M-TH (\$20)

7/30 7/31 8/1 8/2

AFTERNOON CARE

____ JUNE 18-21, M-TH (\$40)

6/18 6/19 6/20 6/21

____ JUNE 25-28, M-TH (\$40)

6/25 6/26 6/27 6/28

____ JULY 9-12, M-TH (\$40)

7/9 7/10 7/11 7/12

____ JULY 16-19, M-TH (\$40)

7/16 7/17 7/18 7/19

____ JULY 23-26, M-TH (\$40)

7/23 7/24 7/25 7/26

____ JUL 30-AUG 2, M-TH (\$40)

7/30 7/31 8/1 8/2

BOTH AM & PM CARE

____ JUNE 18-21, M-TH (\$40)

6/18 6/19 6/20 6/21

____ JUNE 25-28, M-TH (\$40)

6/25 6/26 6/27 6/28

____ JULY 9-12, M-TH (\$40)

7/9 7/10 7/11 7/12

____ JULY 16-19, M-TH (\$40)

7/16 7/17 7/18 7/19

____ JULY 23-26, M-TH (\$40)

7/23 7/24 7/25 7/26

____ JUL 30-AUG 2, M-TH (\$40)

7/30 7/31 8/1 8/2

Before and After Care will take place on KCC's Main Campus in the Ohm Building, Room 109. We ask that children be accompanied by an adult to and from the room. Morning care is available from 7:30-8:30 AM. After care is available from 3:30-5:30 PM. There will be a \$2/minute charge for any late pick-up after 5:30 PM.

By registering my child for care, I agree to the terms listed above.

PAYMENT INFORMATION

\$ _____ **TOTAL OWED**

____ CASH

____ CHECK (*made payable to KCC*)

____ CREDIT CARD (*VISA MC DISC AMEX*)

CREDIT CARD NUMBER _____

EXP DATE _____ / _____

Release and Waiver of Liability - *Please read carefully before signing.*

The undersigned hereby acknowledges that participation in this program and related activities involves an inherent risk of physical injury, and the undersigned, on behalf of the registrant, hereby assumes all such risk and does hereby release and forever discharge the program and the college, and all employees and agents thereof from any and all liability of whatever kind of nature, arising from and by reason of any and all known and unknown injuries, damage to property, and the consequences thereof, resulting from the registrant's participation in or involvement with this program, including failure of equipment or defect in premises.

Child's Name

I hereby state that I am the legal guardian of said child and agree to the above statement:

Signature

Date