

CAMP K-LO
Kennedy Community School
158 Spring Street – Cambridge, MA 02141
2018 SUMMER REGISTRATION FORM

Child's Name First: _____ Last: _____
Current School _____ Current Grade _____ Male _____ Female _____
Home Address _____ Zip Code _____ Date of Birth _____
Childs Ethnicity (Please Circle) Black White Latino/Hispanic Haitian Asian Other
Does child have any allergies or health concerns? _____
Does child have an IEP (Individual Education Plan) Yes _____ No _____
T- Shirt Size: XS _____ SM _____ MED _____ LG _____ XLG _____

Parent / Guardian 1 Name _____ Email _____
Home Phone _____ Cell Phone _____
Address _____ City _____ Zip _____
Place of Employment _____ Work Phone _____

Parent / Guardian 2 Name _____ Email _____
Home Phone _____ Cell Phone _____
Address _____ City _____ Zip _____
Place of Employment _____ Work Phone _____

I would like to register for the following sessions:

Session 1: July 2 – July 13	8:00 – 3:30 (\$450) _____	8:00 – 5:30 (\$530) _____	(No Camp July 4)
Session 2: July 16 – July 27	8:00 – 3:30 (\$450) _____	8:00 – 5:30 (\$530) _____	
Session 3: July 30 – Aug 10	8:00 – 3:30 (\$450) _____	8:00 – 5:30 (\$530) _____	
Session 4: Aug 13 – Aug 17	8:00 – 3:30 (\$225) _____	8:00 – 5:30 (\$265) _____	(One week session)

OFFICE USE ONLY

Session 1 Amount Owed \$ _____	Session 3 Amount Owed \$ _____
Session 2 Amount Owed \$ _____	Session 4 Amount Owed \$ _____
Registration Fee: \$25	
Total Tuition: _____ Deposit Paid: (\$50 per session) _____	
Scholarship _____ CCCB Voucher _____	
Balance Due: \$ _____	