



A wild place to spend your summer!

Please use one form per child.

Last Name	First	Middle Init.	Date
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		MUST BE TOILET TRAINED	
Birthday		Cell Phone: Home Phone: Office Phone:	
Home Address		City, State Zip	
Any information regarding your child we should know (i.e. allergies, medications, etc.)			
Does your child have an epi-pen? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Full Names of Parents/Guardians		Parent Email Address	
Emergency Contact Name & Relationship (Other than parent)		Phone #	
Authorized people to pick up child (please have proof of ID to show for pick up):			

PROGRAM POLICIES

*All discounts, including member and sibling discounts (5% discount for all children living in the same household) are valid for initial registration only. Full fee must be paid for subsequent additions at regular, non-member price.

LATE REGISTRATION—Registration must be received seven (7) days prior to the start date of the program. Registrations received after that deadline will be assessed a late fee of \$15.00.

CANCELLATION—Requests must be made in writing at least seven (7) days prior to the first day of enrollment period. Each refund will be assessed one administrative charge of \$25.00. Fees will NOT be refunded *for any reason* after the program has started.

ACCEPTANCE—There are a limited number of spaces each week, and you will receive a confirmation letter via email when your registration is accepted. There are no waiting lists for filled classes.

PICK UP—Authorized people must be 18 years or older to pick up children from class.

_____ Parent Initial

WAIVER

I, the undersigned parent/guardian of _____ (*child's name*), do hereby grant permission to participate in any and all of the activities of the Kenan Center's KidQuest Program. I agree to be legally and financially responsible, and agree to hold harmless the Kenan Center and its officers, agents and employees, from any and all claims or actions arising against or in favor of my child or myself as a result of any act by, or event, occurrence, or accident, happening to my child. I hereby give my permission for photographs and/or videos of my child to be used in promotional and website materials in connection with this program and the Kenan Center.

Parent/Guardian Name (PRINT)

Signature

* Please do not forget to complete the back side of this sheet. →



Ages 3-6, 9:00-11:00 am Monday- Friday, July 8 to August 16

Six-week program of two-hour sessions including music, yoga, books, food & art.
Includes scheduled activity, snack & outdoor time.

Theme of the Week	Monday <i>Music</i>	Tuesday <i>Yoga</i>	Wednesday <i>STEM</i>	Thursday <i>Books</i>	Friday <i>Cooking</i>
Welcome to the Jungle	<input type="checkbox"/> July 8	<input type="checkbox"/> July 9	<input type="checkbox"/> July 10	<input type="checkbox"/> July 11	<input type="checkbox"/> July 12
Rain, Rain Go Away	<input type="checkbox"/> July 15	<input type="checkbox"/> July 16	<input type="checkbox"/> July 17	<input type="checkbox"/> July 18	<input type="checkbox"/> July 19
Friends of the Rainforest	<input type="checkbox"/> July 22	<input type="checkbox"/> July 23	<input type="checkbox"/> July 24	<input type="checkbox"/> July 25	<input type="checkbox"/> July 26
River Adventures	<input type="checkbox"/> July 29	<input type="checkbox"/> July 30	<input type="checkbox"/> July 31	<input type="checkbox"/> August 1	<input type="checkbox"/> August 2
Noisy Parrot	<input type="checkbox"/> August 5	<input type="checkbox"/> August 6	<input type="checkbox"/> August 7	<input type="checkbox"/> August 8	<input type="checkbox"/> August 9
Nature's Tropical Playground	<input type="checkbox"/> August 12	<input type="checkbox"/> August 13	<input type="checkbox"/> August 14	<input type="checkbox"/> August 15	<input type="checkbox"/> August 16

\$20 per day

Kenan Center Members Only: Every fifth class free to each individual child.

<u>PRICE CALCULATOR</u>	KidVentures ¹
Number of Days	_____
Number of Free Days (Member Only)	_____
Total Paid Days	_____
Cost	x \$20.00
Total Costs	= \$ _____
TOTAL COST \$ _____	
<input type="checkbox"/> I am not currently a Kenan Center Member but would like to be. Please sign me up for a \$45.00 family membership so that I can receive the above mentioned benefits and more!	

Please return complete registration to Kenan Center Business Office 433 Locust St., Lockport, NY 14094.
Checks should be made out to Kenan Center.