



TRAVEL AROUND THE WORLD THIS SUMMER.




KENAN CENTER KIDQUEST SUMMER PROGRAMS KIDVENTURES

ARTS, EDUCATION & RECREATION

Ages 3-5, 9:00-11:00 am Monday- Friday, July 12 to August 20

Six-week program of two-hour sessions including music, art, interactive dance, yoga & storytelling! Includes scheduled activity, snack & outdoor time. *\$20 per day .Kenan Center Members Only: Every fifth class free to each individual child.*

Monday <i>Yoga</i>	Tuesday <i>Interactive Dance</i>	Wednesday <i>Art</i>	Thursday <i>Music</i>	Friday <i>Storytelling + STEAM</i>
<input type="checkbox"/> July 12	<input type="checkbox"/> July 13	<input type="checkbox"/> July 14	<input type="checkbox"/> July 15	<input type="checkbox"/> July 16
<input type="checkbox"/> July 19	<input type="checkbox"/> July 20	<input type="checkbox"/> July 21	<input type="checkbox"/> July 22	<input type="checkbox"/> July 23
<input type="checkbox"/> July 26	<input type="checkbox"/> July 27	<input type="checkbox"/> July 28	<input type="checkbox"/> July 29	<input type="checkbox"/> July 30
<input type="checkbox"/> August 2	<input type="checkbox"/> August 3	<input type="checkbox"/> August 4	<input type="checkbox"/> August 5	<input type="checkbox"/> August 6
<input type="checkbox"/> August 9	<input type="checkbox"/> August 10	<input type="checkbox"/> August 11	<input type="checkbox"/> August 12	<input type="checkbox"/> August 13
<input type="checkbox"/> August 16	<input type="checkbox"/> August 17	<input type="checkbox"/> August 18	<input type="checkbox"/> August 19	<input type="checkbox"/> August 20

PRICE CALCULATOR	KidVentures ¹
Number of Days	_____
Number of Free Days (Member Only)	_____
Total Paid Days	_____
Cost	x \$20.00
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 (on back of this page) to Kenan Center Business Office 433 Locust St., Lockport, NY 14094. Checks should be made out to Kenan Center.

Please use one form per child.

Masks are mandatory.

Last Name	First	Middle Init.	Date
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female 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.

AGE LIMIT: Child must be toilet trained.

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. Kenan Center has the right to cancel any session with prior notice due to COVID-19 state guidelines or due to low attendance.

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

 Parent/Guardian Name (PRINT)

 Signature

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

