



KEY BISCAYNE COMMUNITY CENTER SUMMER CAMP REGISTRATION INFORMATION 2024

Child's Name

Parent or Guardian Name

PLEASE REGISTER MY CHILD FOR THE FOLLOWING CAMP(S)

Write the name of the camp next to your desired dates (i.e. KBCC Camp, Young Artist Camp, MVSA, etc.)

Week	Dates	Camp Name
1	June 10-14	
2	June 17-21	
3	June 24-28	
4	July 1-3*	
		No Camp Thursday, July 4 & Friday, July 5
5	July 8-12	
6	July 15-19	
7	July 22-26	
8	July 29 – August 2	
9	August 5-9	
10	August 12-16	

PERSONS AUTHORIZED TO PICK UP CHILD

Name #1: _____

Relationship: _____ Phone Number: _____

Name #2: _____

Relationship: _____ Phone Number: _____

HOW WILL YOUR CHILD GO HOME AT THE END OF CAMP? (Please initial next to one)

_____ Must remain until picked up _____ Walk or ride bike home

ALLERGIES, SPECIAL NEEDS, ETC.

Signature of Parent or Guardian

Date