

Day Camp is open to Ken-Ton residents entering Gr. 1-5 next year (children who will begin 1st grade this September through those who are currently completing fourth grade).

**KENMORE SCHOOLS SUMMER DAY CAMP 2024**  
@ Franklin Complex (540 Parkhurst Blvd., Buffalo NY 14223)  
MON - THURS., 8:00AM - 4:00PM CAMP TIME

**Payment & Registration Options:**

1. Register Online at: [http://www.ktufsd.org/ce\\_register](http://www.ktufsd.org/ce_register)
  - a. Full registration amount is due at time of registration.
2. To pay with a check, mail registration form and check to Ken-Ton Community Education 155 Delaware Road Kenmore, NY 14217.
  - a. Make check payable to **Ken-Ton Schools**
  - b. Payment **MUST** be included with mailed registration form
3. Proof of immunizations must be sent to Camp Director prior to the start of Day Camp. Independent carry and use of medications is permitted with written permission from the parent/guardian **and** written provider order with an attestation stating both the diagnosis and that the child can effectively administer the medication(s). *Proof of immunizations are required for all campers.* All documentation must be sent prior to the start of camp to Camp Director, Sue Sperrazza via:
  - a. Email: [ssperrazza@ktufsd.org](mailto:ssperrazza@ktufsd.org)
  - b. Fax: (716) 874 - 8460
4. Please list any chronic or significant health concerns and/or prescription medications (this is not a substitute for the immuniz. form)  
\_\_\_\_\_
5. EMERGENCY CONTACT: Name \_\_\_\_\_  
Relationship to Child \_\_\_\_\_ Phone Number \_\_\_\_\_
6. Questions or concerns please contact, Camp Director, Sue Sperrazza at (716) 874-8414 X 24000 or [ssperrazza@ktufsd.org](mailto:ssperrazza@ktufsd.org)

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Entering Grade: \_\_\_\_\_  
Full Address: \_\_\_\_\_  
Parent/Guardian Full Name: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Work #: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**SESSIONS (CHECK DESIRED SESSIONS):**

<input type="checkbox"/> (Session 1) JULY 8 - JULY 18	\$350
<input type="checkbox"/> (Session 2) JULY 22- AUG 1	\$350
<input type="checkbox"/> (Session 3) AUG 5 - AUG 15	\$350
<input type="checkbox"/> (Session 1 + 2)	\$650
<input type="checkbox"/> (Session 1 + 3)	\$650
<input type="checkbox"/> (Session 2 + 3)	\$650
<input type="checkbox"/> All 3 Sessions	\$975
<b>TOTAL AMOUNT DUE:</b>	_____

<b>Please select (1) t-shirt size for child:</b>	
Youth XS _____	Adult S _____
Youth S _____	Adult M _____
Youth M _____	Adult L _____
Youth L _____	Adult XL _____
Youth XL _____	

The Kenmore Schools Summer Day Camp is open to those entering Gr. 1-5 next year (children who will begin 1st grade this September through those who are currently completing fourth grade). Camp activities include, but are not limited to, swimming, sports/games, arts/crafts, and field trips. Session cost includes the cost for all activities, breakfast, lunch, and a Day Camp t-shirt. Please note, Day Camp is for Ken-Ton residents, only.

I hereby state that the above registered student does not have any ailments or physical conditions that could pre-vent him/her from participating in the KTUFSD Day Camp. I realize that there is a risk of injury inherent in phys-ical education activities. I hereby agree to accept and assume all risks inherent and understand that the above mentioned child participates in Day Camp activities at his/her own risk, including field trips. I/we voluntarily as-sume full responsibility for any risk of loss, property damage or personal injury sustained in this Activity. I further agree to hold harmless and indemnify the Kenmore-Town of Tonawanda Union Free School District (the "District") from any and all claims, demands, actions and costs which might arise out of the participation in this Day Camp. In consideration for allowing the student to participate in the District's Day Camp, as indicated above, to the maximum extent permitted by law, I (the undersigned) hereby release the District, its Board of Education (in their official and individual capacities), employees and volunteers, from any and all liability, claims, costs, expenses, attorney fees, demands, actions and causes of action whatsoever arising out of or related to any loss, damage or injury (including death) that may be sustained while participating in such Activity or while in or on the premises of where the Activity is being conducted. I (the undersigned) further agree that the District shall not be liable to me for any damage, loss, or injury to the person or property, caused by or resulting from any cause whatsoever, including but not limited to, the negligence of the District, its agents and/or employees.

Parent/Guardian Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_ Phone Number: \_\_\_\_\_