

The Kennedy Center Children's Services Registration – Summer 2018

Child's Name: _____ Parent/ Guardian: _____

Date of Birth: _____

Address: _____ City: _____ Zip: _____

Phone # _____ Cell # _____ Email: _____

Emergency Contact Name: _____ Emergency Contact Phone #: _____

DEADLINE FOR ALL REGISTRATIONS AND SCHOLORSHIIPS: May 19, 2018

THE AUTISM PROJECT PROGRAMS	
Pioneers Fee: \$165.00	\$
Explorers Fee: \$165.00	\$
Kennedy Jr Fee: \$245.00	\$
Kennedy's KIDS Fee: \$245.00	\$
Team ELEMENT Fee: \$245.00	\$
Move and Groove Fee: \$165.00	\$
<div style="display: flex; justify-content: space-between;"> (please CIRCLE session): 9:00am or 10:00am </div> <div style="display: flex; justify-content: space-between; font-size: small;"> (Explorers) (Pioneers) </div>	\$
Jump & Jive JR Fee: \$245.00	\$
Jump & Jive KIDS Fee: \$245.00	\$
Kennedy Strong Fee: \$275.00	\$
<div style="display: flex;"> <div style="flex: 1;"> Healing Water's Swim Lessons Fee: \$285.00 Fee: \$285.00 </div> <div style="flex: 1; font-size: small;"> (please CIRCLE which group) Ages: 8-10 Ages: 11-13 </div> </div>	\$
<div style="display: flex; justify-content: space-between;"> Our Community Summer Week Fee: \$400.00 Sports Summer Week Fee: \$400.00 (please CIRCLE session) </div>	\$
Contribute or TAKE ACTION!	
Count me in! I would like to make an additional donation:	<i>Donation:</i> \$ _____
Take Action! I pledge to volunteer and/or run at the SpectRUN on September 16 th , 2018 at Jennings Beach in Fairfield, CT.	(CIRCLE ONE) Yes! <i>I would like more information</i> No

Make check payable to The Kennedy Center. Mail registration with payment to the address below:
 Children's Services Registration, The Kennedy Center, 39 Lindeman Dr., Trumbull, CT 06611 or email aparenteau@kennedyctr.org

Total Payment Enclosed: \$ _____

****Please note: The Kennedy Center reserves the right to cancel any programs due to low enrollment****

For Credit Card Payment:

The Kennedy Center, Inc.

2440 Reservoir Avenue
Trumbull, CT 06611
Phone (203) 365-8522 (203) 365-8533 Fax
(203) 365-8535 TDD
Website: www.thekennedycenterinc.org

EIN# 060-709-295
State Tax I.D.# E3269

*Name: _____

*Address: _____

*City, State: _____ *Zip: _____

*At least one phone number is necessary

Telephone (Home): _____

Telephone (Cell): _____

*E-mail: _____

Credit Card Type: MC Visa Amex Discover
(Circle One)

*Name on Credit Card: _____

*Billing address for Credit Card if different than above:

*Credit Card #: _____

*Expiration Date: _____

*Security Code: _____

*Donation/Payment Amount: _____

Signature: _____

*=Necessary to process

THANK YOU!