

Kids' Advocacy Coalition

Summer Camp Assistance Request Form

Parent/Legal Guardian: _____

Child(ren) Attending: _____

School Site child(ren) attended KAC: _____

Summer Camp Child(ren) will be attending: _____

Parent/Legal Guardian place of employment during summer (please list for each parent or guardian):

Business	Phone	Relationship to child
----------	-------	-----------------------

Business	Phone	Relationship to child
----------	-------	-----------------------

.....

OFFICE USE ONLY:

Date Received _____

Is KAC account paid in full up through 5/18/23 ____

Verified Employer ____

Approved by _____