

Village Christian Schools Day Camp 2009 Registration

Please completely fill out one card per student

Last Name of Student _____ First Name of Student _____ Sex _____
 Name of school currently attending _____ Grade attending this Fall _____
 Home Street Address _____ City _____ State _____ Zip _____
 Father's Name _____ Home Phone _____ Work /Cell Phone _____
 Mother's Name _____ Home Phone _____ Work/Cell Phone _____
 Other person authorized to pick-up _____ Phone _____

	Day Camp	Field Trips			Costs
	Please circle the weeks your child will attend on campus day camp. Cost listed includes \$20 deposit	Please circle the field trips your child will attend. Field trips are only for students in the Day Camp program, additional fees apply. Pool trips are available to students enrolled in Day Camp or Summer School Child Care			Use this column to calculate cost by week. Day Camp costs must be paid weekly by the Friday before each week of attendance. \$20 per week is the non-refundable deposit that reserves your child's space and is due at the time of registration
Dates		Tuesday	Wednesday	Thursday	
6/8-6/12	Week 1 \$160	Beach \$14		Magic Mountain \$36*	\$ _____ - \$20 deposit Due by 6/7
6/15-6/19	Week 2 \$160	Beach \$14		El Capitan Movie \$29*	\$ _____ - \$20 deposit Due by 6/12
6/22-6/26	Week 3 \$160	Beach \$14	Pool \$5	Mountasia \$30*	\$ _____ - \$20 deposit Due by 6/19
6/29- 7/2**	Week 4 \$160	Beach \$14	Pool \$5	Chuck E. Cheese \$11*	\$ _____ - \$20 deposit Due by 6/26
7/6-7/10	Week 5 \$160	Beach \$14	Pool \$5	CA Science Center \$9*	\$ _____ - \$20 deposit Due by 7/2
7/13-7/17	Week 6 \$160	Beach \$14	Pool \$5	Montrose Bowl \$16	\$ _____ - \$20 deposit Due by 7/10
7/20-7/24	Week 7 \$160	Beach \$14	Pool \$5	Natural History Museum \$10*	\$ _____ - \$20 deposit Due by 7/17
7/27-7/31	Week 8 \$160	Beach \$14	Pool \$5	Soak City \$33*	\$ _____ - \$20 deposit Due by 7/24
8/3-8/7	Week 9 \$160	Beach \$14		Knott's Berry Farm \$36*	\$ _____ - \$20 deposit Due by 7/31
8/10-8/14	Week 10 \$160	Beach \$14		Medieval Times \$37*	\$ _____ - \$20 deposit Due by 8/7
8/17-8/21	Week 11 \$160	Beach \$14		Hurricane Harbor \$33*	\$ _____ - \$20 deposit Due by 8/14
8/24-8/28	Week 12 \$160	Beach \$14		Long Beach Aquarium \$28*	\$ _____ - \$20 deposit Due by 8/21
**Day Camp closed July 3rd		*Cost includes lunch			

IMPORTANT: Please complete the information on the REVERSE SIDE of this document & authorize with your signature. If registered by May 29th, you will receive a letter confirming enrollment no later than June 8th

CONDITIONS FOR ENROLLMENT

1. Early registration is encouraged since program enrollment is limited and staffing is determined by the number of registrations received. Any registration received for Summer School by 4:00 p.m. on Friday, May 29 will qualify for the discounted tuition rate. The last day to register for summer school is Friday, June 12.
2. **PROGRAM FEES MUST BE PAID BEFORE THE SESSION BEGINS.** For Summer School & Summer School Child Care - the full tuition must be paid by **Friday, June 12**. For Day Camp -The week must be paid in full by the Friday prior in order for the camper to begin the following Monday.
3. **Non-refundable/Non-transferable fees:** All deposits (Summer School, Summer School Child Care, and Day Camp) are non-refundable and non-transferable. Day Camp and Summer School **field trip fees and pool trip fees** are non-refundable and non-transferable because we staff trips for each week's needs and purchase tickets in advance.
4. THE SCHOOL IS NOT RESPONSIBLE FOR LOST ARTICLES. Parents are requested to mark children's first and last names on towels, bathing suits and other belongings.
5. Student's image, likeness, and/or voice in any print, audio, video, internet, digital, or electronic marketing and/or informal materials, including news-related media, may be used in whole or in part, in original or modified form, alone or in conjunction with other voices, visual material, artwork, and/or written material. I assign all right of copyright of such material to Village Christian Schools and release them from any liability arising out of such use.
6. FOR MIDDLE & HIGH SCHOOL STUDENTS: Because each day of the Summer School session is equivalent to a week of school, the following special rules concerning tardies and absences are necessary: **Three tardies**, for any reason, during either three-week session, will count as one absence. If a student is tardy more than 30 minutes, it will count as an absence. More than **three days of absenteeism**, during either three-week session, may result in a failure of the class. No tuition money will be returned.

Student Health History

Allergies (List all.) _____ None
Please list any history of disability, accident, or serious illness. (Explain briefly.) _____ None
Please provide current pertinent health information (i.e., conditions requiring ongoing care or conditions that affect child during summer programs). _____ None
Indicate medication(s) currently taken at home _____ None
Purpose of medication(s) _____
I will be bringing this medication to be administered during summer programs Yes No

I hereby authorize the release of the above medical information regarding my child to school personnel as needed for my child's safety. I understand that I am to arrange to have my child picked up as soon as possible if the child becomes ill.

Disaster/Medical Emergency Authorization

In case of emergency, if parents are unavailable, contact:

Name _____ Relationship _____ Phone number _____
Name _____ Relationship _____ Phone number _____
Physician _____ Phone number _____

In the case of emergency, if I am unavailable I have arranged to have my child picked up as soon as possible by one of the people designated above. I give permission for my child to receive emergency first aid from school personnel.

If school personnel are unable to reach me, I hereby authorize the above-mentioned physician or one designated by Village Christian Schools to give my child medical care as deemed necessary. In an emergency, my child may be transported to the emergency room of the nearest hospital, at my expense, and that hospital and its medical staff have my authorization to provide treatment as deemed necessary for the well being of my child.

I have read and agree to the Conditions for Enrollment, completed the Student Health History, and completed and agree to the Disaster/Medical Emergency Authorization. I hereby give permission for my child to participate in all activities.

Signature of Parent or Legal Guardian _____ **Date:** _____