

# Village Christian Schools Day Camp and Summer School Child Care 2010 Registration

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 \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Other person authorized to pick-up \_\_\_\_\_ Phone \_\_\_\_\_

	Day Camp	Summer School Child Care	Field Trips		
	Please circle the weeks your child will attend on campus day camp.	Please circle the weeks your child will attend. You may only choose this option for the weeks your child is enrolled in an Elementary or Middle School Summer School class. It is not an option if your student is in a Fine Arts Academy class.	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. Chuck E. Cheese and Montrose Bowl are also open to students in SS Child Care.		
Dates			Tuesday	Wednesday	Thursday
6/7-6/11	Week 1		Beach \$14		LA Zoo \$16*
6/14-6/18	Week 2		Beach \$14		Knott's Berry Farm \$38*
6/21-6/25	Week 3	Week 1	Beach \$14	Pool \$5	El Capitan (Toy Story 3) \$29*
6/28-7/2	Week 4	Week 2	Beach \$14	Pool \$5	Chuck E. Cheese \$12*
7/6-7/9**	Week 5	Week 3	Beach \$14	Pool \$5	CSUN Theater "Joseph" \$20*
7/12-7/16	Week 6	Week 4	Beach \$14	Pool \$5	CA Science Center \$10*
7/19-7/23	Week 7	Week 5 (only for students in a Middle School class)	Beach \$14	Pool \$5	Montrose Bowl \$16
7/26-7/30	Week 8	Week 6 (only for students in a Middle School class)	Beach \$14	Pool \$5	Natural History Museum \$10*
8/2-8/6	Week 9		Beach \$14		Medieval Times \$35*
8/9-8/13	Week 10		Beach \$14	Pool \$5	Cabrillo Aquarium \$19*
8/16-8/20	Week 11		Beach \$14		Soak City \$35*
8/23-8/27	Week 12		Beach \$14		Griffith Observatory \$16*
**Day Camp and Summer School Child Care closed July 5th					*Cost includes lunch

**IMPORTANT: Please complete the information on the REVERSE SIDE of this document & authorize with your signature.**

## 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 28 will qualify for the discounted tuition rate. The last day to register for summer school is Wednesday, June 16.

2. **PROGRAM FEES MUST BE PAID BEFORE THE SESSION BEGINS. For Summer School - the full tuition must be paid by Wednesday, June 16. For Day Camp, SS Child Care, and Fine Arts Academy -The week must be paid in full by the Friday prior in order for the student to begin the following Monday.**

3. **Non-refundable/Non-transferable fees:** All deposits (Summer School, Summer School Child Care, Fine Arts Academy, 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.) \_\_\_\_\_

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:** \_\_\_\_\_