



# TREASURE IN THE SON

## 2010 Summer Day Camp Application

**IMPORTANT:** Please read carefully. Complete & sign *both* sides of this form.

Return or mail to: West Valley Christian School, Summer Camp

22450 Sherman Way, West Hills, CA 91307

### Camper Information (Please photocopy form for additional campers)

Name: \_\_\_\_\_ M / F DOB: \_\_\_\_\_ Grade in 10: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Email: \_\_\_\_\_

Home Address (if different than above): \_\_\_\_\_

### Parent Information:

Mother (or legal guardian): \_\_\_\_\_ Daytime Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Father (or legal guardian): \_\_\_\_\_ Daytime Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

**Please review & complete carefully. See enrollment conditions (Item #3) on reverse.**

- |                                  |                                 |                                   |                                  |                                  |
|----------------------------------|---------------------------------|-----------------------------------|----------------------------------|----------------------------------|
| Week #1                          | Week #2                         | Week #3                           | Week #4                          | Week #5                          |
| <input type="checkbox"/> M 6/21  | <input type="checkbox"/> M 6/28 | <input type="checkbox"/> M Closed | <input type="checkbox"/> M 7/12  | <input type="checkbox"/> M 7/19  |
| <input type="checkbox"/> T 6/22  | <input type="checkbox"/> T 6/29 | <input type="checkbox"/> T 7/6    | <input type="checkbox"/> T 7/13  | <input type="checkbox"/> T 7/20  |
| <input type="checkbox"/> W 6/23  | <input type="checkbox"/> W 6/30 | <input type="checkbox"/> W 7/7    | <input type="checkbox"/> W 7/14  | <input type="checkbox"/> W 7/21  |
| <input type="checkbox"/> Th 6/24 | <input type="checkbox"/> Th 7/1 | <input type="checkbox"/> Th 7/8   | <input type="checkbox"/> Th 7/15 | <input type="checkbox"/> Th 7/22 |
| <input type="checkbox"/> F 6/25  | <input type="checkbox"/> F 7/2  | <input type="checkbox"/> F 7/9    | <input type="checkbox"/> F 7/16  | <input type="checkbox"/> F 7/23  |
|                                  |                                 |                                   |                                  |                                  |
| Week #6                          | Week #7                         | Week #8                           | Week #9                          |                                  |
| <input type="checkbox"/> M 7/26  | <input type="checkbox"/> M 8/2  | <input type="checkbox"/> M 8/9    | <input type="checkbox"/> M 8/16  |                                  |
| <input type="checkbox"/> T 7/27  | <input type="checkbox"/> T 8/3  | <input type="checkbox"/> T 8/10   | <input type="checkbox"/> T 8/17  |                                  |
| <input type="checkbox"/> W 7/28  | <input type="checkbox"/> W 8/4  | <input type="checkbox"/> W 8/11   | <input type="checkbox"/> W 8/18  |                                  |
| <input type="checkbox"/> Th 7/29 | <input type="checkbox"/> Th 8/5 | <input type="checkbox"/> Th 8/12  | <input type="checkbox"/> Th 8/19 |                                  |
| <input type="checkbox"/> F 7/30  | <input type="checkbox"/> F 8/6  | <input type="checkbox"/> F 8/13   | <input type="checkbox"/> F 8/20  |                                  |

### EXCURSION PERMISSION SLIP FOR JUNE 21-AUGUST 20, 2010

My child has permission to attend all excursions sponsored by West Valley Christian Summer Camp. I understand that transportation will be provided by licensed drivers or private charter.

\_\_\_\_\_  
Parent (or guardian) signature Date

I agree to the conditions of enrollment and refund policy stated on reverse side. A non-refundable registration fee of \$75.00, plus a \$15.00 non-refundable deposit, for each week of attendance, is attached.

\_\_\_\_\_  
Parent (or guardian) signature Date

## CONDITIONS FOR ENROLLMENT

- 1 **Campers must be in good health.** Allergies and other conditions that might affect the health, safety, or welfare of the camper must be noted on the emergency and medical information section of this form. This must be completed and on file prior to camper's first day. Signature on the form ensures WVC Camp that your child is in good physical health for the summer.
- 2 **Camp fees and tuition must be paid two weeks prior to camper's starting date.**
- 3 **By signing this form, you are agreeing to pay all deposits & weekly tuition for all days/weeks reserved for your child.** There will be no refund or waiver of fees unless we are notified in writing 2 weeks prior to the date of scheduled weeks. Camp enrollment is limited and camp staffing is based on confirmed enrollment. A successful program depends on continuous tuition payments. Camp tuition must be paid as billed w/ no deduction for absences, unauthorized schedule changes, or withdrawals.
- 4 **Make-ups and missed days.** Make-up days will be granted on a space-available basis. There will be no credits or refunds issued for missed days.
- 5 **Dismissals.** In order to provide an outstanding camp experience for every child, WVC Camp reserves the right to dismiss children whose behavior is detrimental to the camp community. There will be no refunds in the event of a dismissal.
- 6 **Returned checks. Your account will be charged \$25 for each returned check.**
- 7 **Late payments.** Tuition is due bi-weekly (every other week). A \$10 fee will be charged to your account if payment is late.
- 8 -
- 9 **Accident Insurance.** Limited excess accident medical expense coverage is provided for campers enrolled at West Valley Christian Camp. **PARENTS' MEDICAL INSURANCE IS PRIMARY.**
- 10 **Promotional materials.** You hereby grant permission to the camp to use pictures of your child in promotional materials for WVC Camp/School.
- 11 **Afternoon care.** Afternoon care will be provided from 4-6pm at \$4.00 per hour per child.
- 12 **Late pickups.** Camp ends promptly at 6:00pm. **Any child remaining after 6:00pm, will be charged \$1 for each minute the child is in our care.** Fees are to be paid by cash or check at the time of pickup.
- 13 **Lunches.** An emergency lunch will be provided if your child does not have a lunch when one is required. Emergency lunches are \$5.00 and must be paid at the time of pick-up on the same day.
- 14 **Program/Staff changes.** The camp reserves the right to make program, staff, and activity changes at its discretion. There will be no refunds in the event of such changes.

### SUMMER CAMP T-SHIRT

**Camp T-shirts are required for all excursions; no exceptions.** One T-shirt will be provided with your registration. We will provide a RENTAL shirt for a fee of \$5.00 if your child does not have his/hers on an excursion day. You may purchase additional shirts for \$10.00 each (include this amount with registration). Please indicate child's size below.

Youth: M (10-12) \_\_\_\_\_ L (14-16) \_\_\_\_\_ Adult: S (34-36) \_\_\_\_\_ M (38-40) \_\_\_\_\_

L (32-34) \_\_\_\_\_ XL (46-48) \_\_\_\_\_

I would like to purchase \_\_\_\_\_ extra T-shirts. Additional amount enclosed: \$ \_\_\_\_\_

### EMERGENCY AND MEDICAL INFORMATION

IN AN EMERGENCY, if parents/guardians are not available, please contact:

Relationship (and phone #): \_\_\_\_\_ Doctor (and phone #): \_\_\_\_\_

- 1 Are there any physical activities in which this camper should not participate? Yes / No
- 2 Are there any allergies to food, medicine, animals, bees, or environment? Yes / No
- 3 Does your child have asthma or any other health conditions that may require the use of medication during the camp day? Yes / No
- 4 Date of last tetanus shot: \_\_\_\_\_

If you answered 'YES' to any of the above, please explain: \_\_\_\_\_

\*In an emergency, WVC Camp has my permission to select a physician for my child if I cannot be reached.\*

Parent (or guardian) signature

Date