



Summer Camp Application

West Valley Christian School • 22450 Sherman Way, West Hills, CA 91307
 Ph 818.321.8416 • www.westvalleychristianschool.com
 June 12 - August 4, 2017 • Kindergarten through 8th grade

Please fill out one form for each camper. Complete required information below and sign **both** sides of form. Campers must be 5 years old by June 1.

Child Name: _____ Circle one: M / F DOB: _____

Billing/Home Address: _____

City: _____ Zip Code: _____ Home Phone #: _____

Current School of Attendance: _____ Grade in Sept.: _____

Parent/Legal Guardian Information

Mother/Legal Guardian Name: _____ Daytime Phone #: _____

Mother's email: _____ SSN#: _____

Father/Legal Guardian Name: _____ Daytime Phone #: _____

Father's email: _____ SSN#: _____

Check the box next to your summer camp week selections. Accounts will be subject to a \$10.00 fee for each schedule change made after 6/9/2017.

| Week 1 | Week 2 | Week 3 | Week 4 |
|-----------|-----------|-----------|------------|
| M - 6/12 | M - 6/19 | M - 6/26 | M - 7/3 |
| T - 6/13 | T - 6/20 | T - 6/27 | T - CLOSED |
| W - 6/14 | W - 6/21 | W - 6/28 | W - 7/5 |
| TH - 6/15 | TH - 6/22 | TH - 6/29 | TH - 7/6 |
| F - 6/16 | F - 6/23 | F - 6/30 | F - 7/7 |

| Week 5 | Week 6 | Week 7 | Week 8 |
|-----------|-----------|-----------|----------|
| M - 7/10 | M - 7/17 | M - 7/24 | M - 7/31 |
| T - 7/11 | T - 7/18 | T - 7/25 | T - 8/1 |
| W - 7/12 | W - 7/19 | W - 7/26 | W - 8/2 |
| TH - 7/13 | TH - 7/20 | TH - 7/27 | TH - 8/3 |
| F - 7/14 | F - 7/21 | F - 7/28 | F - 8/4 |

My kindergarten/1st grade camper will remain on campus the following weeks on the Wednesday excursion day:

Week 1 _____ Week 2 _____
 Week 3 _____ Week 4 _____
 Week 5 _____ Week 6 _____
 Week 7 _____ Week 8 _____

(See #2 on reverse)

Parent Signature: _____

I agree to the conditions of enrollment and refund policy stated on the reverse side of this form. A non-refundable registration fee of \$50.00 is required with application.

 Parent/Legal Guardian Name Parent/Legal Guardian Signature Date

OFF CAMPUS PERMISSION SLIP

My child has permission to attend off campus excursions/trips sponsored by WVC Summer Camp. I understand *that* transportation will be provided by licensed drivers or private charter.

 Parent/Legal Guardian Name Parent/Legal 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 below. This must be completed and on file prior to the camper's first day. Signature on the form ensures WVC Summer Camp your child is in good physical health for the summer.
2. **Age requirement.** All summer campers must be 5 years of age by June 1st to participate in summer camp. Kindergarten students are welcome but not required to attend off campus field trips. On campus supervision will be provided on Wednesdays only, if a minimum of 4 campers are staying on campus.
3. **Program/Staff changes.** Daily camp hours are from 9:00 a.m.-3:30 p.m. 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.
4. **Afternoon care.** Afternoon care is available from 3:30-5:45 p.m. at \$5.00 per hour per child. Afternoon care ends promptly at 5:45 p.m. Any child remaining after 5:45 p.m. will be charged \$2.00 for each minute the child is in afternoon care.
5. **Summer camp fees, tuition and deposits.** Camp fees and tuitions must be paid by dates listed on payment contract. By signing this form, you are agreeing to pay the registration and tuition for all days/weeks reserved for your child. There will be no refunds or waiving of fees without written notification 2 weeks prior to the date of scheduled weeks. Camp enrollment is limited and camp staffing is based on confirmed enrollment. A successful program is dependent on on-time tuition payments. Tuition must be paid as billed w/no deduction for absences, unauthorized schedule changes, or withdrawals. Campers may NOT attend camp with delinquent tuitions. No changes may be made to Super Saver schedules.
6. **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.
7. **Dismissals.** In order to provide an outstanding camp experience for every child, WVC Summer 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.
8. **Late payments and returned checks.** Tuition is due as contracted. A \$25 fee will be charged to your account if your payment is late. Your account will be charged \$25 for any returned payment.
9. **Schedule Changes.** Accounts will be charged a \$10.00 fee for every schedule change made after 6/9/2017.
10. **Accident Insurance.** Limited excess accident medical expense coverage is provided for campers enrolled at West Valley Christian Summer Camp. PARENTS' MEDICAL INSURANCE IS PRIMARY.
11. **Promotional materials.** You hereby grant permission to the camp to use pictures of your child in promotional materials for WVC Camp/School.
12. **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.

SUMMER CAMP T-SHIRT

Camp T-shirts are required for all excursions; no exceptions. One T-shirt is provided with registration. We will provide a RENTAL t-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 S (6-8) ____ Youth M (10-12) ____ Youth L (14-16) ____ Adult S (34-36) ____ Adult M (38-40) ____ Adult L (32-34) ____

I would like to purchase additional summer camp t-shirts: _____ Enclosed is \$10 for each additional camp t-shirt.

EMERGENCY AND MEDICAL INFORMATION

In case of an EMERGENCY, if parents are not available, please contact the following: (Name of person, relationship and phone #)

Dr. Name and phone #: _____

In case of an emergency, WVC camp has my permission to select a physician for my child if I cannot be reached.

1. Are there any physical activities in which your child should not participate? Yes / No
2. Are there any allergies to food, animals, insects or environment we should be aware of? Yes / No
3. Does your child have asthma or any other health condition which requires medication during camp hours? Yes / No
4. Date of last tetanus shot: _____

If you answered YES to any of the questions above, please explain: _____

Print Parent Name

Parent Signature

Date

Rev 2/6/2017