



City of Carson

Recreation and Human Services Division



Day Camp

Application Packet



Thank you for allowing us to be your Day Camp provider!

DAY CAMP - REGISTRATION CONTRACT

Child's Name: _____ Age: _____

Address: _____
Number Street City Zip Code

Home Telephone: (_____) _____ Birth Date: _____ Gender: M F

Name of School: _____ Grade: _____

Hours your child will be attending from _____ to _____

T-Shirt Size: Youth Small Youth Medium Youth Large

Adult Small Adult Medium Adult Large

Days your child will be attending the program: M T W Th F

I agree to pay the above weekly fee until a new contract is executed or canceled. I also agree to pay the weekly fee in advance, due on the Friday prior to the upcoming week in which my child will attend. I agree to pay the contracted fees whether my child attends or not. No refunds will be made for illness or absence.

Parent/Legal Guardian Signature Date Staff Signature Date

To be filled out by staff only.
Hours: _____ Start Date: _____ \$ _____ weekly rate

PARENT RESPONSIBILITIES/AGREEMENTS: Please initial each of the following to indicate that you have read, understand, and agree with each item.

Your Initials:

1. _____ My child is not allowed to come and go freely from Day Camp site.
2. _____ I (or an authorized person) must sign my child "in" and "out" each day.
3. _____ I will maintain open communication with the Program Site Director/Teacher about my child and keep him/her informed of any pertinent changes.
4. _____ I must notify the Program Site Director/Teacher in writing of any daily departure changes.
5. _____ I must contact Program Site Director/Teacher when my child will be absent or will be picked up early from the Day Camp. I realize this is for my child's protection.
6. _____ If a medical emergency arises, the Day Camp staff will first attempt to contact me. If I cannot be reached, the people on the emergency list will be notified. If the emergency is such that immediate hospital attention is necessary, the Day Camp staff will immediately contact the paramedics, and if they determine that it is necessary, they will arrange for my child to be transported to the nearest

available medical facility. I will be responsible for all costs incurred.

- 7. Day Camp will operate from 7:00 a.m. to 6 p.m., Monday through Friday. The program will not operate on legal holidays.
- 8. It is my responsibility to see that my child is picked up by the designated pick-up time.
- 9. I verify that I have given permission for the City of Carson to use my child's photograph for publicity purposes in any forthcoming brochures. I further state that I release all rights and am fully cognizant of this agreement.
- 10. I understand that I cannot send any medicine for my child to take/use while he/she attends the Day Camp without prior written approval. For further information, contact the Recreation and Human Services Superintendent at (310) 847-3570.
- 11. I understand that staff will not assume any responsibility for storing any medical equipment without the prior written approval of the City of Carson. My child must keep any medical equipment with him/her at all times. For further information, contact the Recreation and Human Services Superintendent at (310) 847-3570.

BILLING PROCEDURES:

- 1. I agree to pay the City of Carson Day Camp fee on or before the Friday prior to the week in which my child will attend.
- 2. I will pay for contracted hours of service and am responsible for payment whether my child attends Day Camp or is absent.
- 3. I understand that credits or refunds in the case of prolonged illness (five or more consecutive days) may only be approved by the Recreation and Human Services Superintendent.
- 4.* I will be notified in advance of any rate increases.
- 5. I am aware that the Day Camp closing time is 6 p.m., and to avoid any late pick-up fee, I am informing staff that I will be picking up my child at _____p.m. I will be charged a late pick-up fee of \$7.50 at 15 to 30 minutes past my child's pick-up time. This fee is due and payable when my child is picked-up. Chronic lateness or failure to pay late fees may result in the dismissal of my child from the program.
- 6. A \$5 late payment fee may be assessed for every day payment is late past the Friday registration.
- 7. I will notify the instructor of any changes of information as entered on this record.

**Fees are subject to change per the Council Comprehensive Fee Schedule.*

NOTE: All payments must be paid by check, money order, MasterCard, VISA, or American Express. We are NO LONGER accepting "cash" payments above \$5.

Parent/Legal Guardian Signature

Date

Print Name

Date

Enrollment in Day Camp shall be granted to children without regard to race, color, or national origin.

NOTE: Help the City of Carson respond to the Americans with Disabilities Act (ADA), by making parks, recreation programs, and facilities more accessible. If you experience any problems or difficulties in using facilities or programs, please submit (in writing) your concerns or suggestions for improvements to Recreation and Human Services, Attention: Arnold Carraway, Superintendent Recreation and Human Services Division, 2400 E. Dominguez Street, Carson, CA 90810, or call (310) 847-3570.