

Pacific Camps and Family Resources

Site _____

2009-2010 Registration Form

Today's Date _____

Child's Legal Name: _____ **Nickname:** _____

Allergies or Special Conditions: _____ Sex (Circle) M F Birth Date: __/__/__

Name of School: _____ Grade Entering Sept. 2009: _____

Home Address: _____ City: _____ Zip: _____ Phone: _____

All adults 18 and older sharing the home with the camper _____

Father's Legal Name: _____ Home Phone: _____

Father's Address: _____ City: _____ Zip Code: _____

Father's Place of Employment: _____ Work Phone: _____

Email Address: _____ Cell Phone: _____

Father's CA Driver's License No.: _____ Exp. Date: _____ SSN: _____

Mother's Legal Name: _____ Home Phone: _____

Mother's Address: _____ City: _____ Zip Code: _____

Mother's Place of Employment: _____ Work Phone: _____

Email Address: _____ Cell Phone: _____

Mother's CA Driver's License No.: _____ Exp. Date: _____ SSN: _____

Health Insurance Information

Insurance Company: _____ Plan: _____ Group #: _____

Doctor's Name: _____ Phone: _____ Dentist's Name: _____ Phone: _____

Emergency Contact (If Unable to Reach Parents):

Name: _____ Relationship to Camper: _____ Phone: _____

I hereby consent to Pacific Camp Family Resource, Inc., to obtain all emergency medical or dental care prescribed by a Licensed Physician, Osteopath, or Dentist for my child. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my child.

Persons Other Than Parents Who Are 16 Years of Age or Older and Authorized To Pick Up Your Child:

1. Name: _____ Phone: _____ Cell: _____

2. Name: _____ Phone: _____ Cell: _____

3. Name: _____ Phone: _____ Cell: _____

Persons Not Authorized to Pick Up Camper: (Note: Court Documentation Is Necessary If This Is A Parent)

1. _____ 2. _____

Office Use Only

E1 E4 T1 LFO3 PLO2 Rec# _____

E2 E5 LFO1 LFO4 NLFO1 Camp: PL K 1-2 3-5 7-8

E3 E6 LFO2 PLO1 Shirt Magic Mountain

Camper's Original Start Date ____/____/____

E1

Parent Handbook

How did you learn of Pacific Camps? _____

I have read, understand, and agree to follow Camp policies, procedures, and enrollment conditions. I further understand and agree:

1. To allow my child's image to be used in any and all promotional photographs, videos, or websites.
2. Not to hold Pacific Camps responsible for any articles of clothing, personal belongings, or personal athletic equipment that is lost or damaged by theft, fire, natural disaster, or other occurrences.
3. That Pacific Camps provides no accident medical protection.
4. That by signing my child into the daily program, I am giving Pacific Camps permission to transport my child off Camp property and my child will participate in field trips.
5. At Pacific Camps children are served without regard to race, color, National or ethnic origin or in any other category protected by law. Pacific Camps reserves the right to make decisions regarding camper participation due to physical and/or mental limitations or disabilities. Children with special needs may be enrolled upon mutual agreement between the parents and the Director. Reasonable accommodations will be made for individuals with disabilities. Modifications to policies or procedures can be made if the modifications do not fundamentally alter the services the Camp provides or adversely affect the operation of the program.
6. Arbitration- By signing below, I understand that any dispute involving Pacific Camps and myself or my child shall be resolved by way of arbitration through the rules and regulations of the American Arbitration Association. Each party shall bear its own costs and attorney fees in connection with any such action, to the extent allowed by law.
7. By my signature below, I am responsible for all financial obligations incurred to Pacific Camps for this child.
8. As the Parent or Authorized Representative, I hereby give consent to Pacific Camp Family Resource, Inc. to obtain all emergency medical or dental care prescribed by a duly Licensed Physician (M.D.), Osteopath (D.O.) or Dentist (D.D.S.) for my child. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of my child.
9. There are no refunds or credits given. (For example, but not limited to: If your child is expelled for disruption or other bad behavior, there is no refund provided by Pacific Camps.)
10. **Please Note:** When offered, our non-school day activity programs run from 9:00 AM to 4:00 PM. Please drop off your child before 9:00 AM and pick up your child after 4:00 PM in order to ensure that your child does not miss that day's event.

Parent/Guardian Signature: _____ Date of Admission: _____

Child's Legal Name: _____

Our mission is to build individual relationships with children to bring them and their families into a relationship with Jesus Christ. We seek to accomplish our mission by enriching the lives of children through quality recreational child care programs and enhanced family provider services.

E2

POLICIES & PROCEDURES OF PACIFIC CAMPS AND FAMILY RESOURCES

Throughout the following information, "Parent" is defined as any person living with a child who has responsibility for the care and welfare of the child.

GENERAL INFORMATION:

- The parent signing the child's registration form is considered the **financially responsible party for that Child**. If both parents wish to be considered the responsible party both parents must sign the registration form.
- Pacific Camps **staff is trained annually** in first aid and CPR, child abuse detection, self-esteem, communication and discipline and are fingerprinted as required by law. The background check includes CACI, DOJ, and FBI. Our school bus drivers are certified through the DMV and CHP and are fingerprinted through the DOJ.
- "**Parent Information**" is located at the front desk area. Important notices, schedule changes and upcoming events will be posted in this area. It is your responsibility to stay updated. **Check Information Board for Notices Daily**.
- It is a requirement that **every child be signed in and out using your full legal name in the log sheet** at the front desk.
- Pacific Camps serves Preschool through Eighth Grade children from the hours of 7:00 AM to 6:00 PM, Monday through Friday and observes all Federal Holidays unless otherwise noted.
- Pacific Camps is a **Christian Ministry** that seeks to spread the gospel of Jesus Christ. Chapel times and teaching of biblical truths are part of our weekly programming.
- The staff to child ratio meets all Community Care Licensing Requirements for each of its programs it provides.
- Pacific Camps **prohibits the use of tobacco, alcohol or non-prescription drugs** on Pacific Camps' premises. Pacific Camps reserve the right not to release children to those with alcohol on their breath or under the influence of drugs or suspicion thereof.
- **Please label all of your children's personal belongings** with their names.
- All children must **wear close-toed shoes** while in attendance.
- Children are required to wear **Camp T-Shirts** every day school is not in session. Camp shirts must be seen. If a child does not have a Camp T-shirt, one will be provided for him/her and a fee of \$10 will be charged to his/her account. (No altered shirts, half shirts, cut sleeves, etc.)
- Pacific Camps generally schedules "**G**" or "**PG**" **rated movies** for our field trips and/or onsite events, however, if a "**PG 13**" movie of appropriate matter is available, it may be included.
- Pacific Camps has a snack bar from which your child may purchase snacks. Prices vary starting at \$.10. We have **2 Snack** times per day (am and pm). You may prepay for your child's snacks at the front desk. Children may also bring their own snacks from home.
- Children are required to have **lunch each day**. If a child does not have a lunch, one will be provided for them and a fee of \$10 will be added to your account. Pacific Camps will not be responsible for storing, microwaving, refrigerating or freezing any items. Hot lunch wristbands may be purchased when hot lunch is available. Wristbands must be presented at time of dispensing in order to receive lunch, this is the camper's responsibility. Wristbands are purchased for specific dates and can only be used on that day.
- Pacific Camps' phones may be used by children in **emergency** situations only. Children are not allowed to use cell phones unless pre-approved by a Director. Pacific Camps can not be held responsible for lost or stolen cell phones.
- **Pacific Camps provides no accident medical protection.**
- No electronic devices are allowed at Pacific Camps.

DISASTER PLANS: In the case of emergency or disaster, the following procedures will be implemented:

- Please do not phone Pacific Camps. Emergency Cellular Phone numbers are: **Ed 805-432-6128, Terri 805-432-8271, Hayden 805-258-6029, or Derek 805-402-2041.**
- All children will remain with Pacific Camps staff on the premises or at the designated emergency evacuation site, as listed on our Emergency Disaster Plan, for up to 72 hours unless an injury requires release to an emergency medical facility.

REGISTRATION & TUITION:

- A **Registration Fee** and **Weekly Tuition** is required for your child to attend any Pacific Camps program.
- **Weekly tuition** is due and payable in advance by Friday evening for the next week your child is attending. A late fee of \$15 will be charged if not paid by Friday evening and services may be terminated if delinquency is consistent. If delinquent over 30 days, Pacific Camps will begin a collection process on accounts as deemed necessary. **Billing statements are not sent out unless there is a balance owed.**
- **There are no refunds, rollovers or credits given.**
- Pacific Camps accepts cash, checks, money orders, Master Card, Visa, Amex, Discover and other subsidized methods of payment.
- **Checks returned** from the bank will be subject to a \$25 service charge. If three checks are returned you will be expected to pay with cashiers check, money order, cash or credit card for at least 6 months.

E3

- **Camp closes** promptly at 6pm and children picked up after close will be assessed a late pick up fee of: \$15 for the first 15 minutes (6pm to 6:15pm) and \$1 for each minute thereafter. (This is per child.) Three or more late pick-ups will result in a doubling of late fees. (This is per child.)
- **Copies of enrollment forms and sign in log** sheets will only be released upon written request by the enrolling parent or court order. A minimum \$25 fee will be charged per quarter of forms requested and may take up to 3 weeks to be processed.
- Pacific Camps will issue **1 account/financial statement** per household per year upon written request. Additional copies can be made available for a fee of \$10. A tax statement will be given upon request only if your account is current.
- Pacific Camps reserves the right to **change our policies and/or procedures** at any time after 30 day written notification.
- Pacific Camps requires a two (2) week written notification when terminating services.

HEALTH:

- All Pacific Camp staff are **mandated reporters** and are required by law to report any suspected child abuse (physical, sexual, verbal or emotional) to Child Protective Services.
- If a child shows **signs of illness** while at Pacific Camps, he/she may not be admitted or may be sent home. If sent home, parent or authorized person will be required to pick up the child **within one hour**. Please seek a physician's help when necessary. Children with fevers and other contagious illnesses must be excluded from Pacific Camps for at least 24 hours after the temperature returns to normal. Any child diagnosed with a streptococcal infection must be excluded for 48 hours after the initial dose of physician prescribed medication.
- We **must** be notified if your child has a **communicable disease** (lice, chickenpox, fifth disease etc.), as it is our responsibility to notify other families of the risk and the Health Department/ Community Care Licensing. Pacific Camps has a no Nit policy as it pertains to Lice.
- If a child is involved in a minor accident while at Pacific Camps a **“Parent Information Notification”** will be written and given to parent. If a physician’s care is needed, parents will be contacted immediately and emergency procedures will be followed. A Doctor’s note must be submitted to the Director for review before a child may return to Pacific Camps after injury or illness.
- Pacific Camps will **administer medication** to children only when a parent has completed a medication card. I/We hold Pacific Camps and Family Resources harmless of any damages or responsibility due to insufficient storage or refrigeration of medications.
- **Each medication bottle must have a current prescription label with the child's name, the dosage, and the physician's name** on it. Children may not bring self-administered medications that have not been cleared through the Director.

BEHAVIOR:

- Pacific Camps is designed for children who want to cooperate and participate in activities. Each child's good behavior is imperative to the success of Pacific Camps. Children who are physically aggressive, defiant to authority etc. may be allowed to attend on a trial basis. We reserve the right to dismiss any child whose behavior hampers the Camp experience for others without refund of fees paid.
- Pacific Camp's discipline is designed to promote the development of self-direction, self-control and socially acceptable behavior. This is accomplished through: sensitivity, consistency, firmness, fairness and follow through. We strive to maintain a loving and positive atmosphere and reinforce the structured boundaries required. Any form of discipline involves specific learning processes.
- **Below are examples of behavior and resulting corrective actions:**
Minor behavioral incidents (behavior that will require corrective action and an Incident Report).

<u>BEHAVIOR</u>	<u>CORRECTIVE ACTION</u>
Yelling inside	2 min. to 5 min. of silence
Picking on others	Time out and debrief
Cheating	Sit out of activity or have a privilege denied

- **Major behavioral incidents** (behavior that will require corrective action, can be deemed aggressive, requires a conference with parent or authorized representative and an Parent Conference Record with a plan of action).

BEHAVIOR

Talking back to staff	Not listening to staff
Fighting/aggressive behavior	Swearing
Damaging property	Running away from Pacific Camps/Counselors

- Parent Conference Record (PCR) **will be used when a Director deems it necessary to suspend a child from Pacific Camps.**
For a first time PCR, a child will be suspended for one day and a parent must meet with the Director issuing the report *before* the child can return to the program
Second time PCR will require the child to be suspended for one week and a parent must meet with the Director issuing the report and Pacific Camp’s Director *before* the child can return to the program.
A third time PCR will result in the child’s suspension for the remainder of the currently enrolled program and a parent must meet with the Director issuing the report *before* the child can return to the program.
- Pacific Camps reserves the right for the Director to suspend a child from Pacific Camps at any time for any length of time. If deemed necessary by the Director, a parent will be notified to come to pick up their child within one hour.

Pacific Camp Family Resource, Inc.
Assumption of Risk, Release of Liability & Indemnity Agreement

In consideration of the services of Pacific Camp Family Resource, Inc., their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf, including designers, manufacturers, and installers of any climbing walls & skate parks, equipment, or programming (hereinafter collectively referred to as "Pacific Camps"), I, (hereinafter also referred to as "climber, skater, participant, or camper") hereby agree to release and discharge Pacific Camps on behalf of myself, my children, my parents, my heirs, assigns, or personal representative and estate.

I acknowledge that climbing on artificial climbing wall, fixed or portable, or the use of other climbing apparatus, or the use of skate park equipment entails many inherent, known, and other unanticipated risks which could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks cannot be eliminated without jeopardizing the essential qualities of the activity. I also know and accept that climbing or instruction by Pacific Camps is not intended to prepare me for the risks and hazards of outdoor climbing or other use of climbing equipment and facilities. I know that by participating in the activities described, I risk personal injury or death from many causes, including (but not limited to) the following: (a) slips, trips, or falls while using the facilities or equipment, climbing walls, and skate parks, loose and/or damaged artificial holds, landing surfaces, floors, stairs, and/or ramps; (b) entanglement with ropes or other equipment; (c) failure to climb or belay safely or within my own ability; (d) misuse or failure of the facilities or equipment; (e) involvement in falls of other persons or their equipment, or involvement in falls in which I or my equipment strikes or becomes entangled with others; and (f) reliance upon inexperienced persons assisting me in the preparation, inspection, or use of harnesses, and other equipment.

I know that risks exist in all places and in all activities conducted by Pacific Camps, including the use of climbing walls, skate parks, program events, or transportation to or from an event as well as in the use of other equipment, and participation in classes or activities sponsored by Pacific Camps. I also know that safety equipment, proficiency checks, supervision, and enforcement of rules by Pacific Camps do not and cannot guarantee my or my child's safety. Therefore, I Freely Accept and Fully Assume the Risk That I or My Child Can Get Hurt, not only in the ways described above, but also in ways that are unknown and unexpected, and even if I follow the instructions or advice of Pacific Camp's employees.

I choose to use Pacific Camp's facilities and equipment in spite of the risk of injury or death, and in addition to the representations I have made above, I agree as follows:

I Hereby Waive And Release Any And All Claims that I or my heirs have or may have in the future against Pacific Camps for any loss, damage, expense, or injury, including death, suffered from or in connection with my use of these facilities or equipment, or participation in activities sponsored by Pacific Camps, due to any cause whatsoever, including Negligence on the Part of Pacific Camps.

Parent Initials: _____

I Hereby Relieve Pacific Camps From Any Duty To Protect Me From Harm, and agree that even if Pacific Camps chooses to implement safety procedures, such actions shall not alter the fact that Pacific Camps has no duty to protect me.

Parent Initials: _____

I Will Hold Harmless And Indemnify Pacific Camps for liability for property damage or personal injury, including death, to myself and any other person resulting from or arising in connection with my use of these facilities or equipment, or participation in activities sponsored by Pacific Camps.

Parent Initials: _____

I have had sufficient opportunity to read and understand this Agreement and intend that it be binding on me, my heirs, executors, administrators, administrators, and assigns.

You can get hurt using these facilities and equipment. If you do not wish to accept the risk of injury or death, then you may return this release unsigned.

Parents of children under Age 18 Must Sign This Section and Initial All Blanks Above.

I am the parent or guardian of the minor named above. I hereby make and enter into each and every representation, waiver, release and indemnity described above on behalf of myself, the minor, and any other parent or guardian of the minor. I intend to give up my right, the minor's right, and the right of any other parent or guardian to maintain any claim or suit against Pacific Camps arising out of the minor's use of Pacific Camp's facilities or equipment, or participation in activities sponsored by Pacific Camps. I believe and represent that I HAVE LEGAL AUTHORITY TO MAKE THESE WAIVERS AND RELEASES, and I agree to indemnify Pacific Camps for all liability arising out of any lack of authority on my part to make such waivers and releases.

Signature of Parent Parent's Name (Print) Child's Name (Print) Date _____

Recurring Billing

Section I

___ No, do not set me up for automatic payments each week. I would prefer to pay my tuition manually each week.

*If checking no, please skip to section II.

___ Yes, please set me up for automatic payment **each week on Friday, beginning immediately.**

*If checking yes, please fill in the remainder of the page and sign and date at the bottom.

Checking account: Please attach a voided check

or

Credit Card: If yes, please check one of the following:

__ Visa __ MasterCard __ Discover __ American Express

Name EXACTLY as it appears on card: _____

Card Number: _____

Expiration date: _____

CVV2 value: (3 digit security code on back): _____

___ I authorize PACIFIC CAMPS FAMILY RESOURCES INC. to charge any and all accounts on file including but not limited to checking, savings, or credit cards for child care service, snacks, late fees, or any other fees associated with my account. I will notify the billing department one week prior to changing amounts, cancelling or suspending recurring billing.

Section II

Please fill in all children's names and program rate for each child:

Child's Name

Program rate

Child's Name

Program rate

Child's Name

Program rate

Child's Name

Program rate

Your signature below indicates that you accept the financial responsibility to pay the above named child(ren's) payment(s) to Pacific Camps and Family Resource, Inc.

Name of Responsible Party (Print)

Signature

Date