

**HALF-DAY  
and AM & PM EXTENDED CARE  
2009 SUMMER DAY CAMP REGISTRATION**  
*(Only for students attending El Camino Kid's College at CrossRoad)*

*Space is limited. Students will be accepted on a first come, first serve basis.*

**Complete one registration for each child.**

**Dates:** July 6 – August 14

Student Name: \_\_\_\_\_ Boy \_\_\_ Girl \_\_\_ Grade (fall '09): \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Last First MI

Home Address: \_\_\_\_\_  
Street City State Zip Code

**HALF-DAY SUMMER DAY CAMP** ✓Check the weeks below that you would like your child to attend half-day during the AM or PM.

Half-Day Day Camp is available to students who are attending only one El Camino Kid's College class a day during one or more of the three sessions being offered and want to join Day Camp activities for the other half of the day.\*

**Weekly Rate:** \$75 per child, includes AM or PM Summer Day Camp ▪ *payment is due with this registration form.*

<u>Half-Day Hours</u>	<u>First Session</u>	<u>Second Session</u>	<u>Third Session</u>
<b>AM Half:</b> 9:00am - 12:00pm	07/06 - 07/10 <input type="checkbox"/> AM or <input type="checkbox"/> PM	07/20 -07/24 <input type="checkbox"/> AM or <input type="checkbox"/> PM	08/03 - 08/07 <input type="checkbox"/> AM or <input type="checkbox"/> PM
<b>PM Half:</b> 12:00pm - 3:00pm	07/13 - 07/17 <input type="checkbox"/> AM or <input type="checkbox"/> PM	07/27 -07/31 <input type="checkbox"/> AM or <input type="checkbox"/> PM	08/10 - 08/14 <input type="checkbox"/> AM or <input type="checkbox"/> PM

*\*Please note: Half-Day Summer Day Camp does not include the Day Camp's weekly major field trips. El Camino Kid's College is a Monday through Friday program. On-campus child care will be provided for Half-Day students during the major field trips at no extra charge.*

**Number of Half-Day Summer Day Camp Weeks checked above (6 possible): \_\_\_\_\_ x \$75.00 = **Total \$****

**AM and PM EXTENDED CARE** ✓Check the weeks below that you would like your child to attend during the AM and/or PM.\*

Extended Care is available to students who are attending one or two El Camino Kid's College class a day during one or more of the three sessions being offered. Check the boxes below only for weeks that you are going to pay the "Weekly Discount Rate" in advance.

**Daily Rate:** \$10 per child, includes any AM and/or PM Extended Care ▪ *does not require advanced registration, payment is due on the day of service.*  
**Weekly Discount Rate:** \$35 per child, includes any AM and/or PM Extended Care ▪ *must be paid in advance, payment is due with this registration form.*

<u>Extended Care Hours</u>	<u>First Session</u>	<u>Second Session</u>	<u>Third Session</u>
<b>AM Care:</b> 7:00am – 9:00am	07/06 - 07/10 <input type="checkbox"/> AM or <input type="checkbox"/> PM	07/20 -07/24 <input type="checkbox"/> AM or <input type="checkbox"/> PM	08/03 - 08/07 <input type="checkbox"/> AM or <input type="checkbox"/> PM
<b>PM Care:</b> 3:00pm – 6:00pm	07/13 - 07/17 <input type="checkbox"/> AM or <input type="checkbox"/> PM	07/27 -07/31 <input type="checkbox"/> AM or <input type="checkbox"/> PM	08/10 - 08/14 <input type="checkbox"/> AM or <input type="checkbox"/> PM

**Number of Extended Care Weeks checked above (6 possible): \_\_\_\_\_ x \$35.00 = **Total \$****

**Add Both Totals = **Total Enclosed \$****  
**Make checks payable to: *CrossRoad Day Camp***

**EMERGENCY INFORMATION**

Mother's Name: \_\_\_\_\_ Phone ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Last First MI Home Mobile

Mother's Employer: \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Work Extension

Father's Name: \_\_\_\_\_ Phone ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Last First MI Home Mobile

Father's Employer: \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Work Extension

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(GN 03305.000)

**Please Provide Day Time Emergency Phone Numbers**

I understand that reasonable attempts will be made to contact my spouse or I in the event of an illness or accident. In case you are unable to reach my spouse or I during any emergency, CrossRoad Day Camp/Academy is authorized to contact and if necessary release my child to: (At least two names are required.)

\_\_\_\_\_  
Name (and Relationship) (\_\_\_\_\_) Phone #

\_\_\_\_\_  
Name (and Relationship) (\_\_\_\_\_) Phone #

\_\_\_\_\_  
Name (and Relationship) (\_\_\_\_\_) Phone #

**DO NOT RELEASE MY CHILD TO:** \_\_\_\_\_

Other information pertinent to child’s health in case of emergency: (i.e. daily medication, seizures, diabetes, etc.)

**PLEASE EXPLAIN COMPLETELY:**

Regular medication: \_\_\_\_\_

Significant conditions: \_\_\_\_\_

My child is allergic to: \_\_\_\_\_

Last tetanus shot given: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_  
Physician Address Phone #

If a parent or guardian cannot be contacted, I give permission for emergency aid, treatment, and diagnostic procedures, as necessary, to be rendered to the child listed on the reverse side by any licensed physician or hospital emergency first aid treatment room staff. I give permission for my child to be transported to a care facility if necessary.

I give permission for CrossRoad Day Camp/Academy employees to give minor first aid to my child such as ice, bandages, etc., as they deem appropriate.

\_\_\_\_\_  
**Print name of Parent or Guardian**

\_\_\_\_\_  
**Signature of Parent or Guardian**

\_\_\_\_\_  
**Date**

**Photography Release**

I authorize the CrossRoad Day Camp program to obtain, store, and/or use (without payment) any photographs, slides, and/or videotapes of my child for public relations, marketing/advertising, and/or internal training purposes.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date