

Crescenta Valley Armenian Community Center  
 Summer Day Camp  
 Application Form

Name of Child: \_\_\_\_\_ Gender:     Male     Female

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

City: \_\_\_\_\_ State & Zip: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Medical insurance Information:

Name of insurer and Identification number:

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Father's Work Phone: \_\_\_\_\_ Father's Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Mother's Work Phone: \_\_\_\_\_ Mother's Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Child Lives with:     Mother     Father     Both     Guardian

Emergency Contact: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Any medications to be taken at Camp? Specify: \_\_\_\_\_

Anticipated Attendance Schedule:

Week	Date	2 Days	3 Days	4-5 days	Not Attending	Extended Hours*	
1	6-28 to 7-2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> AM	<input type="checkbox"/> PM
2	7-5 to 7-9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> AM	<input type="checkbox"/> PM
3	7-12 to 7-16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> AM	<input type="checkbox"/> PM
4	7-19 to 7-23	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> AM	<input type="checkbox"/> PM
5	7-26 to 7-30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> AM	<input type="checkbox"/> PM
6	8-2 to 8-6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> AM	<input type="checkbox"/> PM
7	8-9 to 8-13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> AM	<input type="checkbox"/> PM
8	8-16 to 8-20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> AM	<input type="checkbox"/> PM

*\*Extended hours cost \$20 extra per week (or \$5 per day) each for morning or evening extended hours*

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MEDICAL PERMIT: As the parent/legal guardian, I hereby give consent to Crescenta Valley Armenian Center to provide all emergency dental or medical care prescribed by duly licensed physician (M.D.) or dentist (D.D.S.) for \_\_\_\_\_ in case of illness or accident when neither parent can be located.

The medical services are to be performed by State of California licensed medical doctor.

**MEDICAL INFORMATION**

Is your child...?

1. Allergic to medication?     Yes     No    If Yes, please specify: \_\_\_\_\_
2. Allergic to anything else?     Yes     No    If Yes, please specify: \_\_\_\_\_
3. Taking any medication?     Yes     No    If Yes, please specify: \_\_\_\_\_
4. Ill?     Yes     No    If Yes, please specify: \_\_\_\_\_

PARENT CONSENT

I, \_\_\_\_\_  Mother     Father     Guardian of  
\_\_\_\_\_ agree and authorize to the following:

**Tylenol Consent:**

Administer Tylenol:     Yes     No

**Pick Up:** The following persons are authorized to pick up my child from Summer Day Camp:

1) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone #: \_\_\_\_\_

2) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone #: \_\_\_\_\_

**Water Play:** I authorize my child to participate in supervised pool/ water activities.     Yes     No

**Photographs & Videos:** I authorize the Crescenta Valley Armenian Center to photograph and video tape my child during his/her camp activities and release these photos and videos to public broadcasting networks or any educational organization for Summer Day Camp introduction purposes.

Yes     No

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**DAY CAMP TERMS & CONDITIONS**

**REGISTRATION:** Camp registration is considered on an individual child basis only. Each child in the family must have his/her own separate registration form and each form is processed in the order in which it is received together with the appropriate payment or deposit. Incomplete forms will delay registration.

If there is no space available at the time the registration form is received, the parent will be notified and the child is automatically placed on the waiting list. (Waiting list procedure explained below).

To reserve space: complete and sign one registration form for each child along with the first week's payment.

Your child will not be allowed to attend the Day Camp if your fees have not been paid - **NO EXCEPTION**

**HOURS OF OPERATION:** Summer Day Camp program hours are 8:30 a.m. to 5:00 p.m. Early drop off (starting 7:30 a.m.) & late pick up (latest 6:00 p.m.) is available for \$5.00 per occurrence.

**ACTIVITIES:** Swimming, outdoor, and recreational activities are an important part of the day camp program and are included as part of the total camp fee. Any physical activity, of course, has risks, but the Crescenta Valley Armenian Center believes that with proper supervision, the benefits derived far outweigh these risks. If you do not wish your child to participate in any given activity, we need a written statement that you do not want your child to participate in that specific activity.

**ACCIDENTS:** In the event a child is hurt at the Crescenta Valley Armenian Center and needs emergency treatment, the staff will try to reach the child's parents, the emergency contact, or the family doctor. The Crescenta Valley Armenian Center's accident insurance covers, up to our policy limits, any injuries received at camp to the extent that they are not covered by your health and/or accident insurance.

**IMPORTANT NOTES:** Snacks and lunch will be provided by the Crescenta Valley Armenian Center. Water shoes/water socks; swimsuit, towel, hat & sun block are required for water activity days & pool days. **No water socks, no water activity, no exceptions.**

Make Checks to Armenian Cultural Foundation or ACF. Cash is also accepted. Receipts from the Armenia Cultural Foundation will be given for every payment.

Signature of Parent or Guardian: \_\_\_\_\_

Date: