

# Northridge Recreation Center

18300 Lemarsh Street · Northridge, CA 91325 · Phone: (818) 349-0535 or (818) 349-7341



# WINTER CAMP

## December 19 - January 6

Registration begins Monday, November 28, 2011



**Camp Hours**  
7:30am-6:00pm

### CAMP FEES

#### BASIC DAILY / WEEKLY RATES

- \$145.00** 4 or 5 days - Includes trip days
- \$125.00** 2 or 3 days - Any 2 or 3 non-trip days
- \$45.00** 1 day - Any one non-trip day
- \$25.00** Universal Studios Additional Trip Fee
- \$10.00** Camp T-Shirt. *Not included in fees. Must wear daily.*

**Ages Served**  
Ages 5-12yrs



We are offering 3 weeks of camp during Winter Break with activities including; science, games, arts & crafts, sports, cooking, special events, great field trips & more! **Children must bring a lunch daily.**

## WEEKLY BREAKDOWN

### WEEK 1: December 19 - December 23, 2011

Wednesdays are Trip Days

- **Field Trip:** Universal Studios
- **Weekly News:** There is an additional fee of \$25.00 for the Universal Studios Field Trip. This fee can be waived if your child has a season pass and would like to use it.  
(We are not responsible for lost passes).

### WEEK 2: December 26 - December 30, 2011

- **Field Trip:** Skateland
- **Weekly News:** Camp is Closed the day after Christmas, Monday, December 26, 2011.

### WEEK 3: January 2 - January 6, 2012

- **Field Trip:** Mountasia
- **Weekly News:** Camp is Closed the day after New Years, Monday, January 2, 2012.

To pick-up an application, register, or reserve a space for your child in camp, please stop by the Camp Office located at the lower end of the park near the pool & large playground, M-F, 9:00am-6:00pm. For more info. call (818) 349-0535.

Child's Name \_\_\_\_\_ Current Grade \_\_\_\_\_ Group \_\_\_\_\_



# Registration Application

## WINTER CAMP



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 18300 Lemarsh Street • Northridge, CA 91325  
 Phone (818) 349-0535 or (818) 349-7341

## DECEMBER 19, 2011 - JANUARY 6, 2012

Please attach a recent picture of your child to the application.

### Initial Payment Record

\$0.00	Registration Fee	\$0.00
\$5.00	X ___ Days Reserved	\$
\$145.00	X ___ Weeks Paid in Full	\$
\$125.00	X ___ Weeks Paid in Full	\$
\$45.00	X ___ Weeks Paid in Full	\$
\$25.00	Universal Studios Field Trip	\$
\$10.00	X ___ T-Shirt(s)	\$
	Total Received	\$
<b>For Staff Use Only</b>	Receipt #	
	Initial Payment Date	
	Staff Name	
Yes / No	T-Shirts Received?	Qty _____

### Weekly /Daily Rates & Fees

**\$145.00** 4 or 5 days - Includes trip days  
**\$125.00** 2 or 3 days - Any 2 or 3 non-trip days  
**\$45.00** 1 day - Any one non-trip day  
**\$25.00** Universal Studios Additional Trip Fee  
**\$10.00** Camp T-Shirt. *Not included in fees. Must wear daily.*

**Camp Hours:** 7:30am - 6:00pm

To reserve a space, please put an **X** in each box for the days you wish your child to attend camp.  
**A** \$5.00 deposit is required for each day marked with an **X**. This deposit is **Non-Refundable / Non-Transferrable** but is deducted from the weekly tuition at the time of payment. Payment is due the week **prior** to your child attending camp. Please see due dates below.

**Week 1: December 19 - December 23**

MON	TUES	WED	THURS	FRI
Dec. 19	Dec. 20	Universal Studios	Dec. 22	Dec. 23

**Tuition Balance for WEEK 1 is Due by Thursday, December 15**

Deposit	Receipt	Date	Balance	Receipt	Date	Other	Receipt	Date

**Week 2: December 26 - December 30**

MON	TUES	WED	THURS	FRI
Camp Closed	Dec. 27	Skateland	Dec. 29	Dec. 30

**Tuition Balance for WEEK 2 is Due by Thursday, December 22**

Deposit	Receipt	Date	Balance	Receipt	Date	Other	Receipt	Date

**Week 3: January 2 - January 6**

MON	TUES	WED	THURS	FRI
Camp Closed	Jan. 3	Mountasia	Jan. 5	Jan. 6

**Tuition Balance for WEEK 3 is Due by Thursday, December 29**

Deposit	Receipt	Date	Balance	Receipt	Date	Other	Receipt	Date

**Scheduled activities and field trips are subject to change or cancellation without notice.**

# Kamp Kaleidoscope Winter Registration

Child's Gender: (please circle) Male / Female Current Grade: \_\_\_\_\_ School: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
First Last

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mother's (Guardian's) Name: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Father's (Guardian's) Name: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

I authorize **ONLY** these additional persons to pick up my child (*include car pools*) and to be contacted in case of an emergency:

Name _____	Relation _____	Phone: ( ) _____
Name _____	Relation _____	Phone: ( ) _____
Name _____	Relation _____	Phone: ( ) _____
Name _____	Relation _____	Phone: ( ) _____

Persons listed below, **ARE NOT** authorized to pick up my child at any time.

**Please Note:** If named person is a biological parent, written documentation by the court is required.

Name _____	Relation _____
Name _____	Relation _____

**MEDICAL INFORMATION:** Insurance Provider \_\_\_\_\_ Policy # \_\_\_\_\_

Physician \_\_\_\_\_ Phone(\_\_\_\_\_) \_\_\_\_\_ Dentist \_\_\_\_\_ Phone(\_\_\_\_\_) \_\_\_\_\_

Is child on medication? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, what kind: \_\_\_\_\_ Amount \_\_\_\_\_ Frequency \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Reason for limitations of physical activities, if any \_\_\_\_\_

List any major illness or medical conditions or behaviors that we should be aware of in case of a major emergency \_\_\_\_\_

**PLEASE READ THOROUGHLY AND SIGN IN THE PERTINENT PLACES. CAMPERS WILL NOT BE PERMITTED TO PARTICIPATE IN ANY KAMP KALEIDOSCOPE PROGRAMS UNLESS THIS FORM IS FILLED OUT CORRECTLY AND SIGNED.**

## AUTHORIZATION TO PARTICIPATE

My child, print name \_\_\_\_\_, a minor has my authorization to participate in Kamp Kaleidoscope's 2011 WINTER Camp Program and all activities therein (including chartered bus trips). I further agree to relieve the City of Los Angeles, Department of Recreation and Parks, its officers, agents and employees from any liability for injury to my child resulting from and/or in connection with activities in this program. I, the undersigned, as parent/guardian of the above mentioned minor do hereby authorize the City of Los Angeles to act as agent for the undersigned; to consent for any X-Ray examination, anesthetic, medical or surgical diagnosis, treatment/hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and/or surgeon licensed under the provisions of the Medicine Practice Act and on the medical staff of a licensed hospital; whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. This authorization is given in advance of any specific diagnosis/treatment, etc., and is given to provide authority to aforesaid agents to give specific consent. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.

## GENERAL POLICIES

1) Neither the Department of Recreation and Parks nor the Camp carries insurance. 2) Refunds may be issued for long-term illnesses only (5 consecutive camp days or more), provided that we receive a signed note from a licensed physician within 3 day after illness. A 15% processing fee will apply to all refunds in addition to all other non-refundable fees. Allow 8 to 12 weeks for processing of refunds. 3) **All camp deposits are absolutely nonrefundable, NO EXCEPTIONS.** 4) Tuition, must be paid in full (for all camps), no later than said due date, or you may lose your space in the program and your deposit. If payment has not been paid by said due date, a late fee of \$10.00 will apply. If you require a paid week to be transferred, there will be a \$5.00 per day charge. 5) Staff reserves the right to require proof of age at any time. **Campers must meet age requirements by the start of camp.** 6) For safety purposes, parents must obtain an early release from the office before campers will be released during camp hours. 7) Only the parents and authorized individuals listed on the child's application will be allowed to sign-out the child. When picking up the child ALL authorized individuals will be required to present a picture I.D. at anytime a staff member requests it, **NO EXCEPTIONS. Written permission must be provided by the parent/guardian if you wish your child to be released to anyone other than those authorized on the registration form.** 8) For safety purposes, camp T-shirt and tennis shoes must be worn daily, **NO EXCEPTIONS.** Children attending camp without a t-shirt will be issued one and you will be billed accordingly. Campers are responsible for providing and applying their own sun block as necessary. Staff WILL NOT be held responsible for providing, applying, or having to remind campers to apply sun block. 9) Although parents are welcome to drop in and observe the camp program, for the safety and happiness of the children and staff, parents are not permitted to linger in or around the program for extended periods of time. 10) Parents are not permitted to accompany the children on any camp field trips. 11) Staff reserves the right to change or alter programming at any time without notice. 12) All cell phones, personal toys, games and other items are NOT permitted at camp. The camp, the staff and the City of Los Angeles, Department of Recreation and Parks are not responsible for any broken, lost or stolen items/articles. 13) Camp Hours are from 7:30am to 6:00pm. Camp ends at 6:00 pm. If your child is not picked up by 6:00 pm a \$1.00 per child late fee will be assessed for every 1 (one) minute late, over and above all other fees. 14) All activities, other than scheduled field trips will occur at Northridge Recreation Center.

I have read and understand the AUTHORIZATION TO PARTICIPATE and GENERAL POLICIES. I hereby agree to abide by all the above-mentioned policies and practices and further understand that transgression of any policy is cause for immediate expulsion from the program without refund.

Parent/Guardian (Signature) \_\_\_\_\_ Parent/Guardian (Print Name) \_\_\_\_\_ Date \_\_\_\_\_