City of Los Angeles Department of Recreation and Parks

## Encino Community Center

4935 Balboa Blvd., Encino, CA 91316 \* Phone: (818) 995-1690





# December 16 - January 3



Registration Begins

October 21

e-mail: Encino.communitycenter@lacity.org

web: https://www.laparks.org/reccenter/encino-community





## Walcome to Camp Encine



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Comp Days

9:00am - 4:00pm

Extended Care Hours
7:30am - 6:00pm
(Included with fees)

December 16 - January 3

Monday - Friday

Weekly Rates and Fees

**\$25.00** Registration Fee per child (includes 1 camp shirt)

\$215.00 5 days per week, includes trip

**\$205.00** 4 days, includes trip (weeks 2 & 3)

\$190.00 4 non-trip days per week (week 1 only)

\$180.00 Any 3 non-trip days per week

\$10.00 Additional Camp T-Shirt (must wear daily)

\$1.00 Late pick-up fee (per minute, per child after 6pm)

Ages: 5-12yrs

Camp Encino offers a wide variety of activities including sports, arts & crafts, science, games, cooking, weekly themed events, individual awards, group awards, contests, dress up days,

great field trips, and MORE!

### Week 1



### December 16 - December 20

Field Trip: Knott's Berry Farm

Theme- Snowy Safari

\*\*Camp offered Monday-Friday this week\*\*





## December 23 - December 27

Field Trip: John's Incredible Pizza

Theme-Icy Escape

\*\*Camp is Closed on Wed., Dec. 25, 2024\*\*





## December 30 - January 3

Field Trip: Adventure City

**Theme-Frosty Festivities** 

\*\*Camp is Closed on Wed., Jan. 1, 2025\*\*



We reserve the right to cancel programmed activities without prior notice.



As covered entity under Title II of the Americans with Disabilities Act, the City of L.A. does not discriminate on the basis of disability, and upon request will provide reasonable accommodations to ensure equal access to its programs, services and activities.



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



#### **Registration Application**





#### **Encino Community Center**

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Camp Hours: 9:00am - 4:00pm Extended Care Hours: 7:30am - 6:00pm (Included with fees)							
(	Veekly/Daily Rates & Fees						
\$25.00	Registration Fee per child (includes 1 camp shirt)						
\$215.00	5 days, includes trip						
\$205.00	4 days, includes trip (weeks 2 & 3)						
\$190.00	4 <u>non-trip</u> days per week (Week 1 only)						
\$180.00	Any 3 <u>non-trip</u> days per week						
\$10.00	Additional Camp T-Shirt (must wear daily)						
\$1.00	Late Pick-Up fee (per minute, per child after 6pm)						

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\$25.00	Registration Fee	\$
\$215.00 (5 days)	X Weeks Paid in Full	\$
\$205.00 (WK 2 & 3)	X Weeks Paid in Full	\$
\$190.00 (4 days)	X Weeks Paid in Full	\$
\$180.00 (3 days)	X Weeks Paid in Full	\$
\$10.00	X T-Shirt(s)	\$
	Total Received	\$
For o	Receipt #	
For Office Use Only	Initial Payment Date	
	Staff Name	
Yes	T-Shirts Received?	Qty

#### Payment is due in full for all weeks at the time of registration.

Please put an **x** in each box for the days you wish your child to attend camp.

MON	<u>TUES</u>	WED	<b>THUR</b>	<u>FRI</u>					
WEEK 1: December 16 - December 20									
Dec. 16	Dec. 17	Knott's Berry Farm	Dec. 19	Dec. 20					
WEEK 2: December 23 - December 27									
Dec. 23	Dec. 24	CL25	John's Incredible Pizza	Dec. 27					
WEEK 3: December 30 - January 3									
Dec. 30	Dec. 31	CLOSED	Adventure City	Jan. 3					

*Scheduled Activities and Field Trips are subject to change or cancellation without prior notice.*										
Tuition	Receipt	Date		Other	Receipt	Date		Other	Receipt	Date
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Other	Receipt	Date	Other	Receipt	Date
Other	Receipt	Date	Other	Receipt	Date

C	am <i>p</i> En	cin	Registrat	ion Application	Group
Child's Gender: Male F	emale Other	С	urrent Grade:	School:	
Childs Name:			Age: _	Birthdate:	
Address	t 	Last City_		StateZip	Code
Parent / Guardian's Name:			E-mail <i>A</i>	Address:	
Home Phone:( )	Cell P	hone:(	)	Work Phone:( )_	
Parent / Guardian's Name:			E-mail <i>A</i>	Address:	
Home Phone:( )	Cell P	hone:(	)	Work Phone:( )_	
I authorize these additional period of the p	rent is not permitte	ed to pick	up child, written		rt is required.
Name				Relation	
Name					
MEDICAL INFORMATION:	Insurance Provider			Policy #	
Physician					
Is child on medication? Yes_	No				
If so, list medication:			_Amount	Frequency_	
Reason for limitations of phys	sical activities, if any	y			
List any major illnesses, aller	gies, medical condi	tions, or b	ehaviors we shou	ld be aware of in case of a	major emergency

PLEASE READ THOROUGHLY AND SIGN / INTL. IN THE PERTINENT PLACES. CAMPERS WILL NOT BE PERMITTED TO PARTICIPATE IN ANY CAMP ENCINO PROGRAMS UNLESS THIS FORM IS CORRECTLY FILLED OUT, INITIALED, AND SIGNED.

#### **AUTHORIZATION TO PARTICIPATE**

My child, a minor, has my permission to participate in all Camp Encino activities therein (including chartered bus trips). I understand that certain activities by nature have an increased risk of injury, including death, despite extensive measures taken by staff to provide a safe environment and ensure the safety of my child. I understand the nature of games, sports, water play, and swimming activities and I am aware of the minor's experience and capabilities and believe my child to be qualified, in good health and in proper physical and emotional condition to participate in such activities. I agree to relieve the City of Los Angeles, Department of Recreation & Parks, its officers and agents and employees from any injury to my child in connection with this program. I further understand that the City of Los Angeles Department of Recreation & Parks CARRIES NO INSURANCE.

PARENT INITIALS

#### CONSENT TO TREATMENT OF A MINOR

I, as the parent/legal guardian of the minor participating in this program, do hereby authorize the City of Los Angeles Department of Recreation & Parks to act as agents for the undersigned to consent for any x-ray examination, anesthetic, medical or surgical diagnosis or treatment/hospital care which is deemed advisable by, and is to be rendered under the general or specialized supervision of any physician/surgeon licensed under the provisions of the Medicine Practice Act 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. It is understood that this authorization is given in advance of any such diagnose, treatment or hospital care which the aforementioned physician in the exercise of their best judgment, may deem advisable. This authorization shall remain effective through the conclusion of the event or program that the minor is participating in, unless revoked sooner in writing and delivered to said agent.

PARENT INITIALS

#### **GENERAL POLICIES**

1) Campers must meet age requirements by the start of camp and may be required to show proof of age. 2) Full refunds are only issued when the Recreation Center cancels the activity. No refunds are granted once the 1st day of a registered camp week begins. A 15% administrative fee will apply to all qualifying refunds. Allow 6 to 8 weeks for processing of refunds. 3) Camp deposits/registration fees are non-refundable and non-transferrable. 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, a 15% fee per week will be charged. 5) Only the parents and authorized individuals listed on this application will be allowed to sign-out the child. When picking up the child ALL authorized individuals will be required to present a picture 1.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. 6) For safety purposes, Camp t-shirt and tennis shoes must be worn daily. Children who attend camp without a t-shirt will be issued one and you will be billed appropriately. 7) 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. 8) 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. 9) Parents are not permitted to drop-off, pick-up, or accompany the children on any camp field trips. 10) Staff reserves the right to change or alter programming at any time without notice. 11) The facility, the staff, and the City of Los Angeles Department of Recreation and Parks are not responsible for broken, lost, or stolen items/articles. Cell phones,

I acknowledge that I have read all of the policies in the <u>parent handbook</u> and <u>as listed on this application</u>. By my child's participation I agree to follow and abide by these rules and understand that transgression of any policy is cause for immediate expulsion from the program without refund.