

CAMP ZAVARIAN

Summer Day Camp

Application Form 2019

Name of Child:

Gender: Male Female

Address:

City:

State & Zip:

Birth Date:

Home Phone:

School Name:

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 (please mark the days you believe your child will attend):

Wk	Date	Mo	Tu	We	Th	Fri	Extended Hours (additional fee)
1	6-17 to 6-21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	6-24 to 6-28	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	7-1 to 7-5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[Closed]	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	7-8 to 7-12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	7-15 to 7-19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	7-22 to 7-26	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
7	7-29 to 8-2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
8	8-5 to 8-9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No

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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: _____

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 the organization's website on www.CVArmenianCenter.com, or Armenian Cable Channels or place the material on Facebook and YouTube for Summer Day Camp promotion and introduction purposes.

Yes No

I, _____ allow Camp Zavarian's administration to move my child _____ to Knights of Columbus' facility, located at 2657 Honolulu Ave Montrose, two buildings to the West of the Youth Center, during camp operation hours. Such move, to and from the Youth Center, shall take place under the supervision of camp staff who will accompany the children during the move. Transportation will be by foot via the sidewalk without crossing any street.

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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 and submit the form 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. The weekly camp attendance fee is \$240 per child per week (\$175 for the 4-day of July 4th week) or \$65 per child per day.

HOURS OF OPERATION: Summer Day Camp program hours are 8:00 a.m. to 5:00 p.m. Late pick up (latest 6:00 p.m.) is available for \$10.00 per occurrence or \$30 per week.

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, towel, hat & sun block are strongly recommended for pool activities.

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

Pick-up: If you have a child in the **Red Group** (children who will be in Kindergarten, 1st or 2nd grade during the 2019-2020 academic year), then pick up will be from the Youth Center, our main campus, for **all** your children **including the older ones** (if you have any). For all other cases, pick up will take place from the Knights of Columbus's parking lot facility located at 2657 Honolulu Ave.

Signature of Parent or Guardian: _____

Date:

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Please note the following details regarding our camp:

1. Camp doors open at 8:00am. Please come into camp with your child to sign-in.
2. Breakfast, lunch and afternoon snacks are provided and parents don't have to worry about packing food with their children. We will make necessary accommodations in case your child has food related allergies (talk to us about this separately). Breakfast is served at 9:30am and will not be offered to campers who arrive after 10:00am. Note that we don't encourage late comers as children have a hard time integrating into the group activities.
3. We encourage our campers to wear closed toe comfortable shoes for their comfort and safety. Flip-flops are only allowed in the pool area.
4. Please send swimwear, towels, sunblock lotion and pool area footwear with your child. They will have to bring these back home each afternoon. Children can bring a notebook and pen in case they wish to copy down recipes during cooking activity.
5. We have an advance payment policy whereby parents should reserve their children's place by paying a week in advance. Payments for a particular week become non-refundable when we announce (on our Facebook page) that our camp is full for that particular week. We want to be as flexible as we can. This policy is adopted to prevent us turning away kids and ending up having space for them because of last minute cancellations.
6. Make checks payable to ACF. We will provide a receipt for each payment you make. Sometimes receipts are made ready the day after payment is received.
7. Electronic gadgets are not allowed at Camp Zavarian. Please keep these gadgets at home.
8. Pick up time is from 4:00pm to 5:00pm. An additional charge of \$10/day (or \$30 for the week) applies if you pick-up your child after 5:00pm.
9. Pick-up: If you have a child in the **Red Group** (children who will be in Kindergarten, 1st or 2nd grade during the 2019-2020 academic year), then pick up will be from the Youth Center, our main campus, for **all** your children **including the older ones** (if you have any). For all other cases, pick up will take place from the Knights of Columbus's parking lot facility located at 2657 Honolulu Ave.
10. Please do not park in our neighbors' driveway or parking lot. Between 4pm and 5pm We will have staff members stationed on the sidewalk to call inside and ask for another staff member to bring your child(ren) out. Please park in the load/unload yellow zone to the west of our entrance and wait for us to bring your child out.