



AFTER SCHOOL CAMP CALABASAS AT LUPIN HILL 2019-20 SCHOOL YEAR

LIC #197407367

Camper _____ Age _____ Date of Birth _____ Gender _____ Grade _____
First Last

Address _____ City _____ Zip _____

Home Phone _____ Mother's Name _____ Father's Name _____

Cell Number _____ Cell Number _____

CHILD LIVES WITH (Circle One): Both Parents Mom Dad Shared Other: _____

EMAIL: _____ Teacher/Room: _____

PLEASE CIRCLE THE ATTENDANCE FREQUENCY FOR YOUR CHILD BASED ON THE OPTIONS BELOW

MORNING CARE (7am until School Begins)

FULL TIME (circle which programs) Little Learners Camp Calabasas Both

~OR~

Part Time: 4 days per week 3 days per week 2 days per week

Little Learners Monday Tuesday Wednesday Thursday Friday

Camp Calabasas Monday Tuesday Wednesday Thursday Friday

~~WITHDRAWAL OR CHANGES TO ENROLMENT~~

Withdraw from camp at any time, however, one full months notice (by the 1st of the month to avoid payment of the following month) must be given in writing prior to cancellation. ***NO EXCEPTIONS (If you give notice mid month you are still responsible for the following full month's tuition).*** After April 1st changes and withdrawal from the program are not permitted.

CITY OF CALABASAS INDEMNIFICATION

The undersigned hereby agrees to defend, indemnify, and hold harmless the City of Calabasas and its officers, employees and agents against any loss, liability charges and expenses (including attorneys' fees) and costs which may arise by reason of participation in any program. (The City does not provide accidents, medical, liability, workers' compensation insurance for program participants). As parent/guardian, I hereby consent to emergency treatment of my minor child as a result of accident or injury. I further agree to pay any and all costs incurred as a result of said treatment. I agree to carefully inspect and satisfy for me that the facilities provided are reasonably safe for their use. Once having conducted the inspection, I agree to expressly assume the risk of participating at the premises. I understand the City retains the right to use photos taken during activities for public purposes.

Parent Signature _____ Date _____

Parents Printed Name _____

Relationship to camper _____



LITTLE LEARNERS/CAMP CALABASAS CREDIT CARD FORM 2019 - 2020

I, _____, hereby authorize Little Learners to automatically charge my Credit Card for our Camp fees.

Participants Name: _____

Fees: (Please circle one) \$ _____ (one time use)
Registration Fee and Earthquake Kit Fee Will Also Be Charged

_____ Charge my card for reoccurring Camp Fees Based on Registration
(initial on line above)

_____ Hot Lunch and Other Camp Fees
(initial on line above)

Please charge the amount(s) indicated above to my credit card listed below.

Card Number: _____

Expiration Date: _____ CVV: _____

Name that appears on card:

Billing Address: _____

Authorized Signature: _____ Date _____