



CITY of CALABASAS

AFTER SCHOOL CAMP CALABASAS AT LUPIN HILL 2021-2022 SCHOOL YEAR



Campers Name _____ Age _____ Date of Birth _____ Sex M F

Parent 1 Name _____ Work/Cell Numbers _____ / _____

Parent 2 Name _____ Work/Cell Numbers _____ / _____

Home Phone _____ Child Lives With: Both Parents Shared or _____

Home Address _____ City _____ Zip _____

Email 1: _____ Email 2: _____

Lupin Hill Teacher:: _____ Grade: _____

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

FULL TIME (circle which programs)	Little Learners Kinder Program	Camp Calabasas	Both
	Little Learners (TK & K only til 3pm) 3 days per week (M/W/F)	2 days per week (T/TH)	
	Camp Calabasas Part Time: 3 days per week (M/W/F)	2 days per week (T/TH)	

~~~IF YOU HAVE A KINDERGARTEN CHILD ATTENDING PART TIME FOR BOTH THE LITTLE LEARNERS AND CAMP CALABASAS PROGRAMS, PLEASE CIRCLE YOUR PART TIME OPTIONS FOR BOTH PROGRAMS ABOVE~~~

You may 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.

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 _____

CAMP CALABASAS 2021-22 CAMP AGREEMENT

Campers Name _____

LITTLE LEARNERS, LLC

RELEASE, ASSUMPTION OF RISK, AND INDEMNITY

RELEASE: The undersigned is the parent or legal guardian of the minor camper, identified above. In consideration for Little Learners providing to the camper identified above a camp Experience at Camp Calabasas, **I HEREBY, ON MY OWN BEHALF AND ON BEHALF OF THE CAMPER, RELEASE AND DISCHARGE LITTLE LEARNERS, LLC, THE OWNER AND OPERATOR OF CAMP, AND THE CITY OF CALABASAS AND BOTH OF THEIR OFFICERS, DIRECTORS, EMPLOYEES, VOLUNTEERS AND AGENTS (called herein the "Releasees") FOR AND FROM ANY AND ALL CLAIMS ARISING OUT OF THE CAMPER'S PARTICIPATION IN THE CAMP, INCLUDING CLAIMS ARISING OUT OF THE NEGLIGENCE OF THE RELEASEES OR ANY OTHER CAMPER THAT CAUSES, OR IS CLAIMED TO CAUSE, INJURY OR DEATH TO THE CAMPER IDENTIFIED ABOVE, PROPERTY DAMAGE, OR OTHER DAMAGES. I ALSO PROMISE NOT TO SUE ANY OF THE RELEASEES FOR ANY OF THE CLAIMS BEING RELEASED.**

ASSUMPTION OF RISK: I understand and acknowledge that participation in camp activities involves risk of injury. I fully appreciate the risks involved in my camper's participation in these activities and voluntarily assume, on the camper's behalf, those risks.

PROMISE TO DEFEND, INDEMNIFY, AND HOLD HARMLESS: In consideration of the above camper being permitted to participate in Little Learners camp, I agree to defend, indemnify, and hold harmless the Releasees from and against all claims arising out of the camper's participation in the camp.

EMERGENCY TREATMENT: I hereby consent to allowing emergency medical personnel to be summoned for the camper if needed and consent to emergency treatment of the camper as may be required as the result of accidental injury or otherwise. I further agree to pay any and all costs incurred for such treatment.

PHOTOGRAPHS: I agree to allow the camper to be photographed while participating in camp activities and understand that Little Learners and the City retain the right to use any photographs taken during camp activities for promotional and other purposes.

I HAVE READ THIS AGREEMENT AND UNDERSTAND IT INCLUDES A RELEASE OF ALL CLAIMS, VOLUNTARY ASSUMPTION OF ALL RISKS INVOLVED IN CAMP ATTENDANCE AND AN AGREEMENT TO DEFEND, INDEMNIFY AND HOLD HARMLESS THE RELEASEES. BY SIGNING THIS AGREEMENT I VOLUNTARILY ACCEPT ALL OF THE TERMS AND CONDITIONS OF THIS AGREEMENT.

PARENT OR LEGAL GUARDIANS SIGNATURE

PARENT OR LEGAL GUARDIANS PRINTED NAME

RELATIONSHIP TO CAMPER

DATE

IDENTIFICATION AND EMERGENCY INFORMATION CHILD CARE CENTERS/FAMILY CHILD CARE HOMES

To Be Completed by Parent or Authorized Representative

CHILD'S NAME	LAST	MIDDLE	FIRST	SEX	TELEPHONE ()
ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
PARENT / AUTHORIZED REPRESENTATIVE NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ()	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
PARENT / AUTHORIZED REPRESENTATIVE NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ()	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
PERSON RESPONSIBLE FOR CHILD	LAST	MIDDLE	FIRST	HOME TELEPHONE ()	BUSINESS TELEPHONE ()

ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY

PHYSICIAN	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ()
DENTIST	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ()

IF PHYSICIAN CANNOT BE REACHED, WHAT ACTION SHOULD BE TAKEN?

☐ CALL EMERGENCY HOSPITAL ☐ OTHER EXPLAIN: _____

NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY
(CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON WITHOUT WRITTEN
AUTHORIZATION FROM PARENT OR AUTHORIZED REPRESENTATIVE)

NAME	RELATIONSHIP

TIME CHILD WILL BE PICKED UP

SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE

DATE

**TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR/FAMILY
CHILD CARE HOMES LICENSEE**

DATE OF ADMISSION

LAST DATE OF ENROLLMENT

CHILD'S PREADMISSION HEALTH HISTORY - PARENT/AUTHORIZED REPRESENTATIVE REPORT

CHILD'S NAME	SEX	BIRTHDATE
PARENT / AUTHORIZED REPRESENTATIVE NAME		DOES PARENT / AUTHORIZED REPRESENTATIVE LIVE IN HOME WITH CHILD?
PARENT / AUTHORIZED REPRESENTATIVE NAME		DOES PARENT / AUTHORIZED REPRESENTATIVE LIVE IN HOME WITH CHILD?
IS / HAS CHILD BEEN UNDER REGULAR SUPERVISION OF PHYSICIAN?		DATE OF LAST PHYSICAL/ MEDICAL EXAMINATION

DEVELOPMENTAL HISTORY *(*For infants and preschool-age children only)*

WALKED AT* _____ MONTHS	BEGAN TALKING AT* _____ MONTHS	TOILET TRAINING STARTED AT* _____ MONTHS
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PAST ILLNESSES — Check illnesses that child has had and specify approximate dates of illnesses:

	DATES		DATES		DATES
<input type="checkbox"/> Chicken Pox		<input type="checkbox"/> Diabetes		<input type="checkbox"/> Poliomyelitis	
<input type="checkbox"/> Asthma		<input type="checkbox"/> Epilepsy		<input type="checkbox"/> Ten-Day Measles (Rubeola)	
<input type="checkbox"/> Rheumatic Fever		<input type="checkbox"/> Whooping Cough		<input type="checkbox"/> Three-Day Measles (Rubella)	
<input type="checkbox"/> Hay Fever		<input type="checkbox"/> Mumps			

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

DOES CHILD HAVE FREQUENT COLDS? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOW MANY IN LAST YEAR?	LIST ANY ALLERGIES STAFF SHOULD BE AWARE OF

DAILY ROUTINES (*For infants and preschool-age children only)

WHAT TIME DOES CHILD GET UP?*	WHAT TIME DOES CHILD GO TO BED?*	DOES CHILD SLEEP WELL?*	
DOES CHILD SLEEP DURING THE DAY?*	WHEN?*	HOW LONG?*	
DIET PATTERN: (What does child usually eat for these meals?)	BREAKFAST		
	LUNCH		
	DINNER		
WHAT ARE USUAL EATING HOURS?	BREAKFAST		
	LUNCH		
	DINNER		
ANY FOOD DISLIKES?		ANY EATING PROBLEMS?	
IS CHILD TOILET TRAINED?*	IF YES, AT WHAT STAGE:*	ARE BOWEL MOVEMENTS REGULAR?*	WHAT IS USUAL TIME?*
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
WORD USED FOR "BOWEL MOVEMENT"*		WORD USED FOR URINATION*	
PARENT / AUTHORIZED REPRESENTATIVE EVALUATION OF CHILD'S HEALTH			

IS CHILD PRESENTLY UNDER A DOCTOR'S CARE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, NAME OF DOCTOR:	DOES CHILD TAKE PRESCRIBED MEDICATION(S)? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT KIND AND ANY SIDE EFFECTS:
DOES CHILD USE ANY SPECIAL DEVICE(S): <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT KIND:	DOES CHILD USE ANY SPECIAL DEVICE(S) AT HOME? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT KIND:
PARENT/ AUTHORIZED REPRESENTATIVE EVALUATION OF CHILD'S PERSONALITY			

HOW DOES CHILD GET ALONG WITH PARENT / AUTHORIZED REPRESENTATIVE, BROTHERS, SISTERS AND OTHER CHILDREN?

HAS THE CHILD HAD GROUP PLAY EXPERIENCES?

DOES THE CHILD HAVE ANY SPECIAL PROBLEMS/FEARS/NEEDS? (EXPLAIN.)

WHAT IS THE PLAN FOR CARE WHEN THE CHILD IS ILL?

REASON FOR REQUESTING DAY CARE PLACEMENT

PARENT/AUTHORIZED REPRESENTATIVE SIGNATURE	DATE

CONSENT FOR EMERGENCY MEDICAL TREATMENT- Child Care Centers Or Family Child Care Homes

AS THE PARENT OR AUTHORIZED REPRESENTATIVE, I HEREBY GIVE CONSENT TO

After School Camp Calabasas@Lupin Hill

FACILITY NAME

TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE

PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR

. THIS CARE MAY BE GIVEN UNDER

NAME _____

WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF THE CHILD
NAMED ABOVE.

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

DATE _____

PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

HOME ADDRESS

HOME PHONE

()

WORK PHONE

()

FAMILY CHILD CARE HOME NOTIFICATION OF PARENTS' RIGHTS

PARENTS' RIGHTS

As a Parent/Authorized Representative, you have the right to:

1. Enter and inspect the family child care home without advance notice whenever children are in care.
2. File a complaint against the licensee with the licensing office and review the licensee's public file kept by the licensing office.
3. Review, at the family child care home, reports of licensing visits and substantiated complaints against the licensee made during the last three years.
4. Complain to the licensing office and inspect the family child care home without discrimination or retaliation against you or your child.
5. Be notified and receive, from the licensee, a written notice that lists the name of any person not allowed in the family child care home while children are present. **(NOTE: This notice is only required when the Department has, in writing, excluded someone from the family child care home on or after January 1, 2001).**
6. Request in writing that a parent not be allowed to visit your child or take your child from the family child care home, provided you have shown a certified copy of a court order.
7. Receive from the licensee the name, address and telephone number of the local licensing office.
 Licensing Office Name: El Segundo Regional Office
 Licensing Office Address: 300 N. Continental Blvd. Suite 290-A, El Segundo, CA 90245
 Licensing Office Telephone #: 424-301-3077
8. Be informed by the licensee, upon request, of the name and type of association to the family child care home for any adult who has been granted a criminal record exemption, and that the name of the person may also be obtained by contacting the local licensing office.
9. Receive, from the licensee, the Caregiver Background Check Process form.
10. Be informed, by the licensee, that the facility has or does not have liability insurance (or a bond) that covers injury to clients due to the negligence of the licensee or employees of the facility.

NOTE: CALIFORNIA STATE LAW PROVIDES THAT THE LICENSEE MAY DENY ACCESS TO THE FAMILY CHILD CARE HOME TO A PARENT/AUTHORIZED REPRESENTATIVE IF THE BEHAVIOR OF THE PARENT/AUTHORIZED REPRESENTATIVE POSES A RISK TO CHILDREN IN CARE.

For the Department of Justice "Registered Sex Offender" database, go to www.meganslaw.ca.gov

LIC 995A (8/08)

(Detach Here - Give Upper Portion to Parents)

ACKNOWLEDGEMENT OF NOTIFICATION OF PARENTS' RIGHTS (Parent/Authorized Representative Signature Required)

I, the parent/authorized representative of _____, have received a copy of the "FAMILY CHILD CARE HOME NOTIFICATION OF PARENTS' RIGHTS", the CAREGIVER BACKGROUND CHECK PROCESS and the FAMILY CHILD CARE CONSUMER AWARENESS INFORMATION form from the licensee. AFTER SCHOOL CAMP CALABASAS@ Lupin Hill
Name of Family Child Care Home

Signature (Parent/Authorized Representative) _____ Date _____

NOTE: This Acknowledgement must be kept in child's file and a copy of the Notification given to the parent/authorized representative.

For the Department of Justice "Registered Sex Offender" database, go to www.meganslaw.ca.gov

PERSONAL RIGHTS

Child Care Centers

Personal Rights, See Section 101223 for waiver conditions applicable to Child Care Centers.

- (a) Child Care Centers. Each child receiving services from a Child Care Center shall have rights which include, but are not limited to, the following:
- (1) To be accorded dignity in his/her personal relationships with staff and other persons.
 - (2) To be accorded safe, healthful and comfortable accommodations, furnishings and equipment to meet his/her needs.
 - (3) To be free from corporal or unusual punishment, infliction of pain, humiliation, intimidation, ridicule, coercion, threat, mental abuse, or other actions of a punitive nature, including but not limited to: interference with daily living functions, including eating, sleeping, or toileting; or withholding of shelter, clothing, medication or aids to physical functioning.
 - (4) To be informed, and to have his/her authorized representative, if any, informed by the licensee of the provisions of law regarding complaints including, but not limited to, the address and telephone number of the complaint receiving unit of the licensing agency and of information regarding confidentiality.
 - (5) To be free to attend religious services or activities of his/her choice and to have visits from the spiritual advisor of his/her choice. Attendance at religious services, either in or outside the facility, shall be on a completely voluntary basis. In Child Care Centers, decisions concerning attendance at religious services or visits from spiritual advisors shall be made by the parent(s), or guardian(s) of the child.
 - (6) Not to be locked in any room, building, or facility premises by day or night.
 - (7) Not to be placed in any restraining device, except a supportive restraint approved in advance by the licensing agency.

THE REPRESENTATIVE/PARENT/GUARDIAN HAS THE RIGHT TO BE INFORMED OF THE APPROPRIATE LICENSING AGENCY TO CONTACT REGARDING COMPLAINTS, WHICH IS:

NAME

El Segundo Regional Office

ADDRESS

300 N Continental Blvd Suite 290-A

CITY

El Segundo

ZIP CODE

90245

AREA CODE/TELEPHONE NUMBER

424-301-3077

DETACH HERE

TO: PARENT/GUARDIAN/CHILD OR AUTHORIZED REPRESENTATIVE:

PLACE IN CHILD'S FILE

Upon satisfactory and full disclosure of the personal rights as explained, complete the following acknowledgment:

ACKNOWLEDGMENT: I/We have been personally advised of, and have received a copy of the personal rights contained in the California Code of Regulations, Title 22, at the time of admission to:

(PRINT THE NAME OF THE FACILITY)

After School Camp Calabasas at Lupin Hill

(PRINT THE ADDRESS OF THE FACILITY)

26210 Adamor Road Calabasas CA 91302

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)

Camp Calabasas/Little Learners
AFTER SCHOOL CAMP CALABASAS AT LUPIN HILL 2021-22 SCHOOL YEAR

LIC#197407367
(818) 878-0162/(818) 878-0195 fax

GENERAL INFORMATION

SIGN-IN/OUT PROCEDURES

Upon arrival to camp your child will be signed in by a camp staff member. When you pick up your child at the end of the day, a staff member will sign the child out. If we do not know you or a authorized representative is picking your child up we will ask to see photo identification. Some people get offended when we ask for photo identification but please remember that we are doing so to protect your child and make sure the person is authorized to pick up.

CHANGE OF CLOTHES

If you have a child who might have a bathroom accident while at camp please provide us with a change of clothes or place one in your child's bag. Camp may be able to provide an emergency piece of clothing but can not guarantee the size or availability of the specific clothing item.

METHODS OF PAYMENT/PAYMENTS

Payments will be charged weekly on Fridays (prior to the start of the session). If any payment by check is returned unpaid, the checkwriter will be assessed a NSF fee of \$25.00 and a late fee of \$25.00. After one returned check all further payments must be made by cash or credit card.

SUSPENSION AND TERMINATION FOR LATE PAYMENT

If camp has not been able to process payment or if payment has not been paid, camp reserves the right to refuse to admit the child to camp until the account is brought current and a credit card is put on file.

WITHDRAWAL OR CHANGES TO ENROLLMENT

Parents or legal guardians may withdraw from camp at any time, however, one full month's notice (by the 1st of the month to avoid payment of the following month) must be given in writing prior to cancellation. (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.

FEE MODIFICATION CONDITIONS MADE BY CAMP DURING THE SPAN OF THE SCHOOL YEAR

Camp families will be given written notice regarding any basic rate change.

MONTHLY TUITION AND FEES

Payments are charged for August 2021 and June 2022 at half the months tuition rate.

Full rate tuition payments will be charged for September 2021 through May 2022.

LITTLE LEARNERS KINDERGARTEN PROGRAM

FULL TIME LITTLE LEARNERS KINDERGARTEN PROGRAM MONTHLY TUITION

\$250.00 per month

PART TIME LITTLE LEARNERS KINDERGARTEN PROGRAM MONTHLY TUITION

3 Days per week- \$200.00 per month or 2 Days per week- \$190.00 per month

Our Little Learners Kindergarten Program runs from schools dismissal of 1:00pm on Monday, Tuesday, Thursday and Friday and Wednesdays from 11:25am-3:00pm. There is no additional charge for the minimum days throughout the year for parent/teacher conferences which occur for a week in the Fall and again in the Spring. (FOR KINDERGARTENERS NEEDING CARE UNTIL 6:00pm YOU WILL BE CHARGED **BOTH** THE CAMP CALABASAS AND LITTLE LEARNERS FEES LISTED ABOVE- DAYS CAN BE MIXED AND MATCHED (e.g. Little Learners Full Time and Camp Calabasas 2 Days) **ONLY ONE REGISTRATION FEE WILL BE CHARGED**

AFTER SCHOOL CAMP CALABASAS

Pricing Below Is For Kinders Staying Past 3pm and for children in grades 1-5

FULL TIME CAMP CALABASAS MONTHLY CAMP TUITION

\$400.00 per month

PART TIME CAMP CALABASAS MONTHLY CAMP TUITION

3 days (Monday/Wednesday/Friday) \$300.00 per month

2 days (Tuesday/Thursday) \$275.00 per month

*We prorate the flat rate of tuition over the entire school year and if we charged on a daily basis the amount would differ monthly so this is the reason you might have a balance if you withdraw from camp before the end of the school year.

Your tuition includes coverage on early dismissal on Wednesdays for banking days and for parent/teacher conference days. Those attending on a part time basis have the above stated days included **if** they fall on your normal day of camp attendance, otherwise you will be able to add the days depending on availability for an additional fee.

CAMP WILL BE CLOSED ON: Labor Day, Veteran's Day, Thanksgiving Day/and the day after, Martin Luther King Jr. Day, President's Day, and Memorial Day.

We will be open for Fall Recess, Staff Development Days, Fall Break, Winter Break, Spring Break and Summer Break.

Camp Calabasas/Little Learners AFTER SCHOOL CAMP CALABASAS AT LUPIN HILL 2020-21
Admission Agreement
SCHOOL YEAR (DISTANCE LEARNING CAMP PROGRAM)

Dismissal from the Program may also include but is not limited to:

- (1) Abusing (physically, verbally, or any other form) another participant or staff member,
 - (2) Refusal to correct documented problematic behavior (3) The
 - (4) Destruction to property and/or camp facilities
 - (5) If there are 3 written incident reports, your child might be dismissed from camp due to the severity of the incidents.
 - (6) Use of profanity
 - (7) Failure to correct behavior that the parents have previously been contacted about
 - (8) Excessive late pick-ups from camp past our closing me
- (Fees will not be returned for days missed if your child is dismissed from camp due to the above reasons.).

DESTRUCTION OF CAMP PROPERTY/FACILITY

If at any time during the term of the school year, camp property or facility is damaged or destroyed to such an extent that it would threaten the health or well-being of the children enrolled in the camp or due to the destruction it would hinder providing quality care at the facility, it would be the Parents obligation to pay for such property or other damages caused by their child. Destruction of property including breaking pencils used for homework will not be tolerated.

DISCIPLINE POLICY

At Camp Calabasas and Little Learners we focus on maintaining a caring, supportive and fun atmosphere. Children are encouraged to be cooperative and respect others. If a child loses self-control, we may remove the child from the area with the other children to help them regain control and composure. We keep in close touch with parents to work out effective methods to help improve a child's behavior. If necessary a written report will be completed by the staff and a meeting will be set up with the parent to discuss an appropriate outcome.

Camp Calabasas

COVID-19 HANDBOOK UPDATES

Updates to our Illness Policies

- Children's temperatures will be taken at drop-off each morning.
- **Stay home and notify the school immediately if anyone in your family has been in contact with anyone who has tested positive for COVID-19. Exposed children must remain home for 14 days even if they have a COVID-19 test that returns negative results.**
- Children should stay home if they are sick with anything such as the flu, common cold, conjunctivitis (pink eye), a sore throat (strep throat), fever, cough, breathing concerns, sinusitis, or is otherwise feeling sick.
 - Children must remain at home until symptoms subside and until they are 24 hour symptom free.
 - Children must remain at home until their fevers or symptoms have not been treated by over the counter medications for at least 24 hours.
 - Depending on the ailment, please make sure your child has been treated with the appropriate antibiotics/medications.
- Stay home and notify us if you gave your child any fever reducing medications 24 hours prior to coming to school.
 - A child must be fever free when coming to school and should be fever free from taking medication for at least 24 hours.
- Take your child's temperature if you are unsure if they are sick.
 - A fever of 100.4 or higher will require your child to stay home for at least 72 hours. Being fever free means that your child has no fever and no fever by way of taking reducing medications.
 - If your child is sent home from school with a fever, a photo of the temperature taken on the thermometer will be provided to you.

Classroom Environment Changes

- Classroom carpets have been removed until further notice.
- Unnecessary furniture has been removed from the classrooms.
- Dress up and plush items have been removed from the classrooms.
- Supplies will be given to each child and will be stored at their respective place within the classroom. Items will be disinfected daily.
- Share bags using items from home has been stopped for now. We will have items within the classroom for the children to pick from to share with their friends.

Camp Calabasas

COVID-19 HANDBOOK UPDATES

TUITION

- Our monthly tuition rates have been changed to weekly rates. These rates will remain the same as our full time seasonal camp rates of \$300
- Part time rates will be at \$70 per day
- If there are any changes to our fees, each family will be given 5 days notice regarding such a change.

SNACKS

- We will continue to provide a morning and afternoon snack to the children. We will continue to provide healthy choices, but they will come pre-packaged rather than in bulk for us to serve family style. Based on item availability, some items might need to be swapped out for others.

FACE COVERINGS

- Staff will be required to wear face coverings/masks during their time on school property. Masks will not be taken off around the children for any reason.
- Campers are required to wear cloth face coverings while at camp, except when eating/drinking, or engaging in solo physical exertion (such as jogging by one's self). This applies to all adults and to children 2 years of age and older. Only individuals who have been instructed not to wear a face covering by their medical provider (who provide medical documentation) are exempt from wearing one

REMINDERS/SUGGESTIONS

- Please take your child directly home. No play dates, grocery stores or any other unnecessary possible exposures.
- Have a backup child care plan for when your child might be sick or if we have to temporarily close a classroom or if the school were to close due to exposure to COVID-19.
- Follow the guidelines set forth by our city, county and state.

What you can expect from our staff....

- To wear masks anytime they're on site at one of our camp programs..
- To follow local guidelines regarding safe practices when not at work.
- Your child's teachers will bring the same love and joy to work everyday.
- If they feel that they have a cold, flu, fever, cough, strep throat, breathing concerns, sinusitis, or any other onset of illness. Staff will remain home until their symptoms subside.
- To have their temperatures taken daily upon arrival.
- To wash their hands as they arrive and multiple times throughout the day.
- Teachers will continue to remind children to wash their hands often, to catch their coughs and sneezes, and about the new rules of the classrooms.
- To maintain social distancing as much as possible from co-workers and parents
- To continue to be loving, caring, supportive, understanding and encouraging for your children and your family.

***Please see our COVID-19 page on our website including links to resources listed on our website to help inform you of the agencies whose regulations we are following.**

*****Any additional changes will be communicated to the parents as they become available.**

Camp Calabasas

COVID-19 HANDBOOK UPDATES

ILLNESS/VACATION POLICY

1. Under our new COVID-19 regulations, any camper with a fever must remain home for 72 hours after they have had a fever without using fever reducing medication.
2. Please notify us via email at campcalabasas@gmail.com or at 818-878-0162 or 818-447-9469 as if your child will be staying home due to illness.
3. Due to limited enrollment for this program we are not able to refund or credit participants for days missed due to illness or vacation.
4. Once school is back on campus, we will get the absence list from the school on a daily basis to see who is not at school. Please call us if you pick-up your child early from school for an appointment, vacation, if they are ill or if they're not coming to camp on one of their scheduled days.
5. Once back on campus, if your child does not attend school they may not attend camp.

THERE ARE NO MAKE UP DAYS OR SWITCHING DAYS (IF YOUR CHILD COMES MWF BUT MISSED A MONDAY THEY CAN'T ADD A DAY TO MAKE UP THE MISSED DAY. IF WE ARE ABLE TO ACCOMMODATE YOU IN ADDING A DAY IT WILL DEPEND ON THE ABSENT LIST AND IF WE ARE GOING TO BE UNDER OUR LICENSED CAPACITY FOR THAT DAY.

FOOD

A daily snack, following licensing guidelines, will be provided by camp to each participant. A monthly snack menu is posted on the parent board inside the main camp room. On full days of camp, each child must bring his/her own lunch. We are unable to refrigerate or warm up lunches.

Camp will provide two nutritious snacks for full days of camp. For partial days of camp, either an AM or PM snack will be provided for each camper.

If your child wishes, you can pack additional snacks for them to have during their time at camp.

The parent or guardian understands and acknowledges that Camp Calabasas is a licensed Child Care Center and that, under California law the Department of Social Services has the right, at any time, without notice or prior consent, to privately interview children or staff at any licensed Child Care Center, to inspect and audit children's records, to observe the physical condition of children, including conditions which could indicate abuse, neglect or inappropriate placement, and to have a licensed medical professional conduct physical examinations of children. As Child Care Providers, the staff members are mandated Child Abuse Reporters and are required to file a report if there is knowledge or reasonable suspicion a Child has been abused or is being abused (California Penal Code Section 11165-7[A] and 1166-5).

RELEASE OF INFORMATION-CONFIDENTIALITY All children's records and their family financial records are confidential. We will not release or disclose any information regarding a child or their family without prior written consent from the parent or legal guardian. We also will not give out phone numbers of other participants if asked.

Camp Calabasas

COVID-19 HANDBOOK UPDATES

What we'll be doing...

- We will continue to provide a warm, caring and welcoming environment for your child and family.
- We will provide a program that has more structure and to promote social distancing.
- We will continue to have your child wash their hands upon arrival and before departure.
- We will continue to monitor children for any signs of any illness or fever and may take temperatures throughout the day. If children have symptoms parents will be called for immediate pick up and the child will be safely isolated from the other children.
- We will continue to practice as much social distancing as possible by separating children into smaller groups, by using both our indoor and outdoor facilities, by providing more individual activities, by removing excess toys and equipment, and by removing/replacing some activities with ones children will be able to do on an individual basis.
- We will limit each classroom size to follow the laws set forth by those agencies who oversee our programs.
- We will keep those children in the same group throughout the day and weekly.
- Children will be with the same teacher or teachers daily.
- We will require deliveries to be left outside the school building. Delivery personnel will be required to wear a mask when on site.
- We have cancelled on site enrichment classes and special visitors until further notice.
- We will continue to disinfect the school with EPA approved products throughout the day and for a deep clean nightly.
- We will notify families immediately once we find out that someone has been in the facility that tested positive for COVID-19. We will also contact the Health Department, our Licensing Analyst and local city officials. The Agencies we report to will advise on the best course of action, which may include some sort of temporary closure for a short time to do cleaning of our facility.
- Have multiple toys and manipulatives accessible that are easy to clean and sanitize throughout the day.
- We will offer more opportunities for individual play and solo activities, such as fine motor activities (i.e., drawing, coloring, cutting, puzzles, and other manipulatives).
- We will continue to plan activities that do not require close physical contact between multiple children.
- We will sanitize the sink and toilet handles before and after each child's use.
- We will continue to do things that are in the best interest of our children, families, staff and school.

Camp Calabasas

COVID-19 HANDBOOK UPDATES

Updates to our Drop-off and Pick-up Procedures

Sign in/out will be done using a camp iPad or by paper if not available.

WEARING A FACE COVERING/MASK IS REQUIRED AT DROP OFF/PICK UP.

- Drop Off Procedures
 - Parents will be required to drop off their child at our trailers.
 - Per the [State of California](#), [LA County](#) and [City of Calabasas](#) regulations, please wear a mask and when you drop off and pick up. Per these regulations, a face mask must be worn by parents/adults dropping off/picking up.
 - Every morning we will be asking you questions about your child's health:
 - We will take your child's temperature with a no touch thermometer. Any child with a fever 100.4+ will have to go home.
 - Has your child had any signs of fever, shortness of breath or a cough since they were last at school?
 - Did your child take any medications including any fever reducers since they were last at school?
 - Did your child sleep well last night?
 - How has your child's appetite been since they were last at school?
 - Has your child had any rashes, aches and pains since they were last at school?
- Pick Up Procedures (**Masks must be worn by the person picking up**)
 - Drop off and pickup will take place outside until further notice.
 - Feel free to call the camp office, 818-878-0162, or text the camp cell, 818-447-9469, before you arrive so we can have your child packed up and ready to go.
 - Pull up to the camp trailers and wait at the bottom of the ramp.
 - A teacher or administrator will bring your child out and will sign your child out.
- If we call to have your child picked up, please pick up immediately. Please follow the same pick up procedures as described above.
- Minimize your time at school as much as possible and practice social distancing.
- Please do not congregate in the parking lot after drop off

Camp Calabasas

COVID-19 HANDBOOK UPDATES

FACEMASKS

FACE MASKS must be worn by campers as is required by the LA County Department of Public Health

ELECTRONIC DEVICES AND TOYS

Computers, laptops, and cell phones are the campers responsibility. If a camper brings such items to camp they need use them properly and not miss use the devices in any way.

IF YOUR CHILD BRINGS A PHONE IT MUST BE LEFT ON SILENT/OFF IN THEIR BACKPACK OR IT WILL BE TAKEN AWAY AND LEFT IN OUR OFFICE UNTIL THE CHILD IS PICKED UP.

MEDICATION

Medications, both prescription and over the counter, will be administered only if we have written permission of the child's parents. A form required by licensing must be filled out prior to us administering any medication. Each medication must have an original unaltered box with a label affixed. The label or package must state the medications name, dosing information, prescribing physician and dosing instructions.

ALLERGIES If your child suffers from allergies to foods, medications, bee stings, etc. please make sure to note it on your registration form. If you have medication that would need to be given in the event of an allergic reaction please let us know and we will give you the appropriate form to fill out for us to administer such medication.

ORDERS OF PROTECTION/CUSTODY PAPERWORK

If you have an order of protection and if it includes protecting your child please make sure that we have a copy on file upon turning in your registration paperwork. If you have specific custody days please make sure that we have that copy of your paperwork on file so we can make sure your child is going with the proper parent on the designated days.

LATE PICK UP FROM CAMP PROGRAMS LATE PICK UP DUE TO WEATHER and ACCIDENTS

If you are running late to pick up your child due to adverse weather conditions or traffic accidents please call us at camp and notify us of your late arrival. In such situations it is at the discretion of the closing director to enforce or make exception for the charging of the late pick-up fee. For children who are at camp past our closing time of **6:00pm** a fee of \$1.00 per minute, per child, will be charged. If you are late more than 3 times we have the ability to dismiss your child/ children from camp.



By signing below, you acknowledge that you have read, and understand all of the information within the 2021-22 After School Camp Calabasas and Little Learners admission agreement and additional COVID-19 information.

Name: _____

Child's Name: _____

Signature: _____

Date: _____

LITTLE LEARNERS/CAMP CALABASAS

CREDIT CARD FORM 2021-22

I, _____, hereby authorize Little Learners to automatically charge my credit card for tuition fees.

Participants Name: _____

Fees: (**Please circle one**) \$ _____ (one time use)

OR

_____ Reoccurring Camp Fees Based on Registration

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 _____
