



CITY of CALABASAS

AE WRIGHT MIDDLE SCHOOL AFTER SCHOOL CAMP CALABASAS 2024-25 SCHOOL YEAR



Camper's 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: _____

School: _____ Grade: _____

THIS PACKET IS TO BE USED FOR AE WRIGHT MIDDLE SCHOOL CAMP CALABASAS PARTICIPANTS

Middle School Camp Calabasas \$250 per month

Please indicate below what days your child will attend our program. We will contact you if your child does not show up on the shuttle on a day that you have indicated that they will attend.

Full Time: Monday through Friday _____

Part Time: Monday: _____ Tuesday: _____ Wednesday: _____ Thursday: _____ Friday: _____

One full months notice (by the 1st of the month to avoid payment of the following month) must be given in writing prior for cancellations and schedule changes. Notice of cancellation must be emailed to us at campcalabasas@gmail.com.

NO EXCEPTIONS. After April 1st changes and withdrawal from the program are not permitted.

Annual \$50.00 registration fee

The undersigned hereby agrees to defend, indemnify, and hold harmless the City of Calabasas, Little Learners LLC, 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 and Little Learners do not provide accident, 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 and Little Learners LLC retains the right to use photos taken during activities for public purposes.

Parent Signature _____ Date _____

CAMP CALABASAS 2024-25 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

Camp Calabasas/Little Learners AE WRIGHT AFTER SCHOOL CAMP CALABASAS
2024-25 SCHOOL YEAR ADMISSION AGREEMENT
LIC# 197407367 (818) 878-0162

GENERAL INFORMATION

SIGN-IN/OUT PROCEDURES

Upon arrival via city shuttle, your child will be signed in by a camp staff member. When you pick up your child at the end of the day you will need to sign your 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.

METHODS OF PAYMENT/PAYMENTS

Payments will be charged monthly on the 1st of the month. 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 advance written notice in writing regarding any basic rate change.

ILLNESS/VACATION POLICY

1. Any camper with a fever must remain home for 24 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 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. 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. If your child does not attend school they may not attend camp.

THERE ARE NO MAKE UP DAYS OR SWITCHING DAYS. Depending on our daily capacity, we may be able to add a drop-in day to your schedule.

Camp Calabasas/Little Learners AE WRIGHT AFTER SCHOOL CAMP CALABASAS
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LIC# 197407367 (818) 878-0162

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

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.

MONTHLY TUITION AND FEES 2024-25

The AE Wright Middle School Camp Calabasas program costs \$250 per month per student and includes the normal school days and minimum dismissal days. Days off of school will be billed per the advertised rate for each Staff Development Day or Seasonal Camp Program that your child attends.

Payments are charged for August 2023 and June 2024 at half the months tuition rate.

Full rate tuition payments will be charged for September 2023 through May 2024.

\$50 REGISTRATION FEE (annually per school year)

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.

ELECTRONIC DEVICES

Computers, laptops, and cell phones are the campers responsibility. If a camper brings such items to camp they need use them properly and not misuse the devices in any way. If a camper is caught using a device in an improper manner, for bullying, or to access inappropriate websites, suspension or removal from the program can occur.

MEDICATION

Medications, both prescription and over the counter, will be administered only if we have written permission of the child's parents. A specific form 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.

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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.

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.

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 Sec on 11165-7[A] and 1166-5.



**Camp Calabasas/Little Learners
AE WRIGHT AFTER SCHOOL CAMP CALABASAS
2024-25 SCHOOL YEAR ADMISSION AGREEMENT**

By signing below, you acknowledge that you have read, and understand all of the information within the 2024-25 AE WRIGHT AFTER SCHOOL CAMP CALABASAS 2024-25 SCHOOL YEAR ADMISSION AGREEMENT including the terms of withdrawing and making changes to your child's enrollment.

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. The monthly camp fee covers the number of school days and is divided into 9 full monthly payments and 2 half monthly payments.

Name: _____

Child's Name: _____

Signature: _____

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

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<br><b>El Segundo</b> | ZIP CODE<br><b>90245</b> | AREA CODE/TELEPHONE NUMBER<br><b>424-301-3077</b> |
|---------------------------|--------------------------|---------------------------------------------------|

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)<br><b>Camp Calabasas</b> | (PRINT THE ADDRESS OF THE FACILITY)<br><b>26210 Adamor Rd, Calabasas CA 91302</b> |
|-----------------------------------------------------------|-----------------------------------------------------------------------------------|

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

|                                               |        |
|-----------------------------------------------|--------|
| (TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN) | (DATE) |
|-----------------------------------------------|--------|

## CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS

### PARENTS' RIGHTS

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

1. Enter and inspect the child care center 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 child care center, 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 child care center without discrimination or retaliation against you or your child.
5. Request in writing that a parent not be allowed to visit your child or take your child from the child care center, provided you have shown a certified copy of a court order.
6. 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

7. Be informed by the licensee, upon request, of the name and type of association to the child care center 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.
8. Receive, from the licensee, the Caregiver Background Check Process form.

**NOTE: CALIFORNIA STATE LAW PROVIDES THAT THE LICENSEE MAY DENY ACCESS TO THE CHILD CARE CENTER 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](http://www.meganslaw.ca.gov)*

LIC 995 (9/08)

(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 "CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS" and the CAREGIVER BACKGROUND CHECK PROCESS form from the licensee.

AFTER SCHOOL CAMP CALABASAS

Name of Child Care Center

\_\_\_\_\_  
Signature (Parent/Authorized Representative)

\_\_\_\_\_  
Date

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

*For the Department of Justice "Registered Sex Offender" database go to [www.meganslaw.ca.gov](http://www.meganslaw.ca.gov)*

### 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*<br>_____ MONTHS | BEGAN TALKING AT*<br>_____ MONTHS | TOILET TRAINING STARTED AT*<br>_____ MONTHS |
|----------------------------|-----------------------------------|---------------------------------------------|

**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:<br>(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?<br><input type="checkbox"/> YES <input type="checkbox"/> NO | IF YES, NAME OF DOCTOR: | DOES CHILD TAKE PRESCRIBED MEDICATION(S)?<br><input type="checkbox"/> YES <input type="checkbox"/> NO     | IF YES, WHAT KIND AND ANY SIDE EFFECTS: |
| DOES CHILD USE ANY SPECIAL DEVICE(S):<br><input type="checkbox"/> YES <input type="checkbox"/> NO     | IF YES, WHAT KIND:      | DOES CHILD USE ANY SPECIAL DEVICE(S) AT HOME?<br><input type="checkbox"/> YES <input type="checkbox"/> NO | IF YES, WHAT KIND:                      |

PARENT/ AUTHORIZED REPRESENTATIVE EVALUATION OF CHILD'S PERSONALITY

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

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HAS THE CHILD HAD GROUP PLAY EXPERIENCES?

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

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

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REASON FOR REQUESTING DAY CARE PLACEMENT

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|                                            |      |
|--------------------------------------------|------|
| 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

CAMP CALABASAS

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

NAME

THIS CARE MAY BE GIVEN UNDER

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

( )

# LITTLE LEARNERS/CAMP CALABASAS

## CREDIT CARD FORM 2024-25

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 \_\_\_\_\_

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