



# AFTER SCHOOL REC PROGRAM ENROLLMENT FORM 2026-27 SCHOOL YEAR

**CHILD'S INFORMATION**

NAME:		GENDER:	
SCHOOL:		GRADE 26-27 SY:	
AGE:		HOME ADDRESS:	
DATE OF BIRTH:			

**PARENT / LEGAL GUARDIAN INFORMATION**

PARENT/GUARDIAN 1		PARENT/GUARDIAN 2	
NAME:		NAME:	
RELATIONSHIP:		RELATIONSHIP:	
CELL:		CELL:	
EMAIL:		EMAIL:	
ADDRESS:		ADDRESS:	
WORK NUMBER:		WORK NUMBER:	

**ENROLLMENT**

TK AND KINDERGARTEN				GRADES 1-5					
LITTLE LEARNERS	<input type="checkbox"/>	FULL TIME UNTIL 3PM		CAMP CALABASAS	<input type="checkbox"/>	FULL TIME			
CAMP CALABASAS	<input type="checkbox"/>	FULL TIME UNTIL 6PM		CAMP CALABASAS	<input type="checkbox"/>	PART TIME			
PART TIME	<input type="checkbox"/>	MONDAY	<input type="checkbox"/>	TUESDAY	(MARK YOUR DAYS)	<input type="checkbox"/>	MONDAY	<input type="checkbox"/>	TUESDAY
(MARK YOUR DAYS)	<input type="checkbox"/>	WEDNESDAY	<input type="checkbox"/>	THURSDAY		<input type="checkbox"/>	WEDNESDAY	<input type="checkbox"/>	THURSDAY
	<input type="checkbox"/>	FRIDAY			<input type="checkbox"/>	FRIDAY			

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 \_\_\_\_\_



# LITTLE LEARNERS & CAMP CALABASAS

## CREDIT CARD FORM

**PLEASE FILL OUT THE FORM BELOW FOR YOUR CAMP PAYMENT PROCESSING**

I, \_\_\_\_\_, hereby authorize Little Learners, LLC  
(DBA: CAMP CALABASAS) 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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