



# SPRING BREAK CAMP 2026

**For Boys & Girls  
TK-5th Grade**

**Come join us for 6 days of fun! Spring Camp will be packed with exciting arts and crafts, cooking, themed days and events, outdoor games, sports, an egg hunt, and time spent making lasting memories.**



**Hours  
7:30am-6:00pm**

**Camp Dates  
March 30-April 3  
April 6**

**Cost  
\$75 per day**

## Activities

- Cooking Activities
- Arts and Crafts
- Spring Science Fun
- Sports
- Themed Days
- Special Events

**Download Forms At  
[campcalabasas.org](http://campcalabasas.org)**

**DE ANZA PARK  
3701 LOST HILLS RD, CALABASAS, CA 91301**

[CAMPALABASAS.ORG](http://CAMPALABASAS.ORG)

818-878-0162

[CAMPALABASAS@GMAIL.COM](mailto:CAMPALABASAS@GMAIL.COM)

Programs offered by Little Learners, LLC are independent and are not affiliated with, sponsored by, endorsed by, or in partnership with the Las Virgenes Unified School District.



# SPRING BREAK CAMP

## MARCH 30-APRIL 3, 2026

## APRIL 6, 2026

### CHILD'S INFORMATION

NAME:		GENDER:	
NICKNAME:		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

**CHECK THE BOX BELOW FOR THE DAYS YOUR CHILD WILL ATTEND SPRING BREAK CAMP 2026**

MON. MARCH 30	<input type="checkbox"/>	MON, APRIL 6	<input type="checkbox"/>
TUES, MARCH 31	<input type="checkbox"/>		
WED, APRIL 1	<input type="checkbox"/>		
THURS, APRIL 2	<input type="checkbox"/>		
FRI, APRIL 3	<input type="checkbox"/>		

**CAMP FEES WILL BE CHARGED ONE WEEK IN ADVANCE. WE REQUIRE A WRITTEN NOTICE OF 5 DAYS OR MORE TO CANCEL ENROLLMENT WITHOUT BEING CHARGED. MISSED OR CANCELED PAID DAYS CAN NOT BE SWAPPED OR MADE UP.**

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 \_\_\_\_\_



# SPRING BREAK CAMP

## MARCH 30-APRIL 3, 2026

## APRIL 6, 2026

### EMERGENCY CONTACTS (OTHER THAN PARENT/GUARDIAN)

Children will only be released from camp to parents/legal guardians and those listed below. In the event of an emergency, illness, or if we can't reach a parent/legal guardian, the individuals below will be called in order from 1-6 to come and pick-up. Please only list individuals who live relatively close are who are aware that you are putting them down as a back-up to pick-up their child when you are not able to do so.

AUTHORIZED PERSON 1		AUTHORIZED PERSON 2	
NAME:		NAME:	
RELATIONSHIP:		RELATIONSHIP:	
CELL PHONE:		CELL PHONE:	
OTHER PHONE:		OTHER PHONE:	

AUTHORIZED PERSON 3		AUTHORIZED PERSON 4	
NAME:		NAME:	
RELATIONSHIP:		RELATIONSHIP:	
CELL PHONE:		CELL PHONE:	
OTHER PHONE:		OTHER PHONE:	

AUTHORIZED PERSON 5		AUTHORIZED PERSON 6	
NAME:		NAME:	
RELATIONSHIP:		RELATIONSHIP:	
CELL PHONE:		CELL PHONE:	
OTHER PHONE:		OTHER PHONE:	

### PARENT / LEGAL GUARDIAN INFORMATION

Parent Signature \_\_\_\_\_

Printed Name: \_\_\_\_\_ 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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