

### SPANISH SUMMER CAMP 2020 for Ages 3-6

## **REGISTRATION FORM**

(Please complete one form per child)

act Namo	Ei	ret Namo
		rst Name:
Gender: □ Female	□ Male Age:	Birthdate:
School:		Spanish <b>Level: Beginner ( ) Intermediate ( ) Advanced</b>
Home address:		
		Postal/Zip Code:
DADENT/ CHARDIAN II	NEODMATION	
PARENT/ GUARDIAN II		print legibly.
Last Name:	F	irst Name:
Home Phone:	Cell ph	none:
Email: Person's authorized to	o pick up child:	none:
Email:	o pick up child: valid ID when picking up child)	
Email: Person's authorized to (Please have them provide EMERGENCY CONTAC	o pick up child: valid ID when picking up child)  The Please type or print legibly.	
Email: Person's authorized to (Please have them provide EMERGENCY CONTAC) Last Name:	o pick up child:  e valid ID when picking up child)  T Please type or print legibly.	
Email: Person's authorized to (Please have them provide)  EMERGENCY CONTAC  Last Name:	o pick up child:  e valid ID when picking up child)  T Please type or print legibly.	First Name:
Person's authorized to (Please have them provide EMERGENCY CONTAC)  Last Name:  Home Phone:  Relation to student:  Lunch/Snack: Please p	o pick up child:  e valid ID when picking up child)  T Please type or print legibly.	First Name:  Cell phone:  and lunch. If you pack food that needs to be chilled,
Person's authorized to (Please have them provide EMERGENCY CONTAC Last Name:	Please type or print legibly.  Please type or print legibly.  Please type or print legibly.  Please type or print legibly.	First Name:  Cell phone:  and lunch. If you pack food that needs to be chilled,

**DATE** 

#### Spanish Summer Camp 2020 Latin American Arts & Culture

#### **Camp Hours:**

• Sessions 9 a.m. to 2 p.m.

After Care 2 p.m. to 5 p.m.

#### **Camp Fees:**

Sessions: Mon-Fri: \$225/session
 After Care: Mon-Fri: \$175/session

Fees are non-refundable, non-transferable, and no makeup classes if missed days.

Please note that the camp projects will change each week.

Sign up early! Maximum of 12, and a minimum of 6 students per day. Space is reserved when sessions are paid in full only.

**WEEKLY SIGNUP** Please fill out the table below to calculate your total cost due.

Session	Dates	Mon-Fri: \$225/week	After Care: \$175	Total
#1	6/8-6/12			
#2	6/15-6/19			
#3	6/22-6/26			
#4	6/29-7/3			
#5	7/6-7/10			
#6	7/13-7/17			
#7	7/20-7/24			
#8	7/27-7/31			
	Please add weekly totals for total cost due.  Make check out in this amount:			

#### **Payments**

Please mail registration form and a check made out to La Casita Day School: La Casita Day School 1824 Peterson Lane Santa Rosa, CA 95403



# SPANISH SUMMER CAMP 2020 STATEMENTS AND RELEASES

Required State Forms
Because <b>La Casita Day School</b> is licensed by the State of California, additional State forms are required for all students. I have submitted these forms prior to by child starting the first day of summer camp.
(Initial)
PHOTO RELEASE
I hereby give permission to <b>La Casita Day School</b> to photograph and/or videotape the student for educational or promotional purposes.
(Initial)
PARENT HANDBOOK ACKNOWLEDGMENT STATEMENT
This statement acknowledges that I have received a copy of the Parent Handbook for <b>La Casita Day School</b> Spanish Summer Camp 2020. I read the book and I understand its contents. I understand that it is my responsibility to be familiar and comply with these standards. I further understand that the policies and procedures stated herein are guidelines that can be modified by the <b>La Casita Day School</b> if necessary.
(Initial)
LIABILITY RELEASE
I, the undersigned parent or legal guardian, release <b>La Casita Day School</b> , or any other person acting on their behalf, from liability for any bodily injury sustained and loss or damage of any personal article while on the premises or participating in any activity sponsored by <b>La Casita Day School</b> . I also permit <b>La Casita Day School</b> to seek medical treatment as deemed appropriate through EMS/ 911 or local hospitals. I also agree to be financially responsible for any costs associated to medical treatment, EMS/911 calls or hospital visits.
I understand that <b>La Casita Day School</b> has the right to deny admittance to any student not meeting the standards of the program as it sees fit. I also agree not to hold these parties responsible in the event that my son/daughter/child engages in inappropriate conduct (including, but not limited to disruptive or volatile behavior in or out of camp, etc.) or becomes involved in any activity or with any persons not associated with <b>La Casita Day School</b> or its scheduled program and that <b>La Casita Day School</b> has the right to send him/her home for inappropriate conduct. I further attest that the information contained in this application is correct to the best of my knowledge. In addition, I have agreed to the policy and tuition fee statement and agree to comply.
SIGNATURE OF PARENT/GUARDIAN:
DATE: