

(PLEASE COMPLETE BOTH SIDES! Thanks!)

HSH EARLY CHILDHOOD SPRING CAMP PROGRAM

Camper's Name: _____ Age: _____

I want to be included in on the 2017 Spring Camp Program fun and excitement!

Spring Camp Dates: March 27th – Friday, April 7th, 2017

Hours: 8:30 am to 4:00 pm

(NO AFTER CARE AVAILABLE)

(Minimum of 20 Students to Run this Spring Camp)

SPRING CAMP SIGN UP:

| ___ | Week 1: March 27th – March 31st, 2017 \$375.00

| ___ | Week 2: April 3rd – April 7th, 2017 \$375.00

| ___ | Daily Rate \$80.00 **Please Check off day attending**

(M ____, T ____, W ____, TH ____, F ____)

**LUNCH: Campers must bring a sack lunch, snacks and a drink.
(HSH kitchen is closed during Spring Break)**

ACTIVITIES WILL INCLUDE:

Singing, dancing, creating unique projects, teamwork, learning cooperative games, water play, and much more.....THINK SPRING

- Make Checks OR Cashier's Checks payable to: HSH**
- Fees are Non-refundable**
- Activities are Subject to Change and Space is Limited**
- There will be no credit or refunds for missed days**

I acknowledge that I have enrolled my son/daughter in Hollywood Schoolhouse, INC 2017 Spring Camp Program. I understand that all fees are non-refundable and that there will be no credits or refunds for missed days during the session(s) I have enrolled my child. I further understand that Hollywood School House, INC shall have the right for any cause considered by the school in its discretion, to decline enrollment in the 2017 Spring Camp program to suspend or dismiss any student. I also agree to allow my child's likeness to be used in promotional material. FAILURE TO PAY/ACCELERATION CLAUSE- Upon failure to pay tuition, fees or any amount when due, Hollywood Schoolhouse, Inc may at it's option: (1) terminate enrollment, (2) accelerate and declare the unpaid tuition, fees and other amounts immediately due and payable, (3) pursue any legal remedies available to recover the unpaid tuition, fees and other amounts plus any resulting damages or (4) any combination of options (1), (2) and (3). Failure to exercise any of these options shall not constitute a waiver of the right to exercise the same in the event of any subsequent failure to pay tuition, fees or any amount dues

YES / NO- I further agree to allow my child to be used in any promotional photographs.

Circle one

Parent/Legal Guardian Signature

Date

**2017 Spring Camp Program Registration and Emergency Information
COMPLETE ALL INFORMATION – PLEASE PRINT**

SPRING CAMP

hollywood schoolhouse

FUNNY BUNNY SPRING CAMP

2017

Child's Name: _____ Age: ____ M F **REC#** _____
Child's Birth date: ____ | ____ | ____ What Grade? _____
Home Address: _____ Apt #: _____
City: _____ State: _____ Zip Code: _____

Parent 1- Name: _____
Parent's Work Phone: (____) _____ extension: _____
Parent's Home Phone: (____) _____ Parent's Cell Phone: (____) _____
Parent's Pager Phone: (____) _____ E-MAIL: _____

Parent 2- Name: _____
Parent's Work Phone: (____) _____ extension: _____
Parent's Home Phone: (____) _____ Parent's Cell Phone: (____) _____
Parent's Pager Phone: (____) _____ E-MAIL: _____

In case of emergency and we cannot reach either parent, whom do you wish us to notify?

<u>Name of Person</u>	<u>Relation to Child</u>	<u>Phone</u>
_____	_____	(____) _____
_____	_____	(____) _____
_____	_____	(____) _____
_____	_____	(____) _____

Doctor you wish us to call: _____ (____) _____

Does your child wear glasses? YES NO Contact Lenses? YES NO
Orthodontic braces or appliances? YES NO Condition of hearing: | _____ |
Allergies to food or medication: NO YES If yes, explain: _____

Asthma? YES NO Allergies? NO YES If yes, explain: _____

Name of person(s) authorized to pick child up from camp (other than parents):

<u>Name of Person</u>	<u>Relation to Child</u>	<u>Phone</u>
_____	_____	(____) _____
_____	_____	(____) _____
_____	_____	(____) _____

Authorization to Consent to Treatment of Minor

I/We, the undersigned parent(s)/guardians of the above named child, a minor, do hereby authorize Hollywood Schoolhouse, INC as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and is to be rendered under the general or special supervision of any physician or surgeon licensed under the provisions of the Medical Practice Act on the medical staff of any accredited hospital, whether such diagnosis, treatment or hospital care being required but is given to provided authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable. This authorization is given pursuant to the provisions of section 25.8 of the California Civil Code. We also give Hollywood Schoolhouse, INC. permission to provide transportation for our child in case of emergency.

Parent/Legal Guardian Signature

Date