

hollywood schoolhouse

2017 EARLY CHILDHOOD SUMMER CAMP PROGRAM

Camper's Name: _____ Age: _____

Birth Date: _____

WEEKLY SIGN UP: Please check each week(s) you wish to attend.

- |____| Week 1: June 26th – June 30st, 2017
- |____| Week 2: July 3rd – July 7th, 2017
- |____| Week 3: July 10th – July 14th, 2017
- |____| Week 4: July 17th – July 21st, 2017
- |____| Week 5: July 24th – July 28th, 2017
- |____| Week 6: July 31st – August 4th, 2017
- |____| Week 7: August 7th – August 11th, 2017

New Preschool Families begin Camp July 3rd

Camp Hours: 9:00 am to 4:00 pm

(NO AFTER CARE AVAILABLE)

Fee: \$400/week

Earlybird price is \$350 up until April 14st

Space is limited, and cannot be guaranteed after Friday, May 12th.

- LUNCH available for purchase on a daily basis
- Make checks payable to HSH and turn them in at the front office with registration forms.
- Fees are non-refundable
- Space is limited
- Activities are subject to change
- There will be no credit or refunds for missed days.
- If you plan on adding more weeks during the summer, please notify Mayra ms.mayra@hollywoodschoolhouse.org and Jordann ms.jordann@hollywoodschoolhouse.org the Friday before the requested week.

I acknowledge that I have enrolled my son/daughter in the Hollywood Schoolhouse, INC 2016 Summer 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 the Hollywood School House, INC shall have the right for any cause considered by the school in its discretion, to decline enrollment in the 2016 Summer 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, the Hollywood Schoolhouse, Inc may at its 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

Parent/Legal Guardian Signature

Date

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

Child's Name: _____ Age: _____ M F **REC#** _____
Child's Birth date: _____ | _____ | _____ Please circle one: PS or JK

Home Address: _____
Apt #: _____
City: _____ State: _____ Zip Code: _____

Parent 1- Name: _____
Parent's Work Phone: (____) _____ extension: _____
Parent's Home Phone: (____) _____ Parent's Cell Phone: (____) _____
E-MAIL: _____
Parent 2- Name: _____
Parent's Work Phone: (____) _____ extension: _____
Parent's Home Phone: (____) _____ Parent's Cell Phone: (____) _____
E-MAIL: _____

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

<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: YES NO
If yes, explain:

Asthma? YES NO Allergies? YES NO
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 the 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 the Hollywood Schoolhouse, INC. permission to provide transportation for our child in case of emergency. I further agree to allow my child to be used in any promotional photographs.

Parent/Legal Guardian Signature

Date

