

**Las Posas Children's Center, Inc.
Christmas Break Camp 2011
December 19-30**

Dear Parent,

Enclosed are the registration forms for *Christmas Break Camp*. Due to staffing difficulties we have a limited number of spaces available. The deadline for registration is December 15, and no cancellations or changes can be made after that date because we will have made our staff work schedule based on the expected enrollment numbers on December 15. Provided room is available, a \$10.00 Late Registration Fee will be charged to families who return the forms after December 15. You can return your forms to your Site Director or our corporate office, located at 4435 McGrath Street, Suite 308 Ventura, CA 93003.

To register for the Christmas Break Camp, please include your payment with these forms. Do not combine your payment for the Christmas Break Camp with your regular after school program tuition fees.

If you have any questions, please see your Site Director or call the corporate office at 644-4344.

Sincerely,

Bob Alfino

**Christmas Break Camp Schedule
At Junipero Serra School 659-4115**

Monday 12/19 Be here by 9:00am Jolly Jump Big Wizard <i>Pizza Lunch Available</i>	Tuesday 12/20 Be here by 9:00am <i>Christmas Cookies</i> On Site Activities <i>Send a Lunch</i>	Wednesday 12/21 Be here by 8:30am Skating Plus <i>Send a Lunch</i>	Thursday 12/22 Be here by 9:00am <i>Wacky Winter Olympics</i> On Site Activities <i>Send a Lunch</i>	Friday 12/23 Be here by 9:00am <i>Christmas Crafts</i> On Site Activities <i>Send a Lunch</i>
Monday 12/26 LPCC Closed	Tuesday 12/27 Be here by 9:00am Jolly Jump Big Slide <i>Pizza Lunch Available</i>	Wednesday 12/28 Be here by 9:00am Pump It Up <i>Send a Lunch</i>	Thursday 12/29 Be here by 9:00am <i>Pajama Movie Day</i> On Site Activities <i>Send a Lunch</i>	Friday 12/30 Be here by 9:00am <i>Winter Crafts</i> On Site Activities <i>Send a Lunch</i>
Monday Jan 2 LPCC Closed	Tuesday Jan 3 School Resumes LPCC Open			

**LAS POSAS CHILDREN'S CENTER, INC.
CHRISTMAS BREAK CAMP 2011
PAYMENT AGREEMENT**

**4 DAYS PER WEEK.....\$120.00
3 DAYS PER WEEK.....\$100.00
2 DAYS PER WEEK.....\$80.00
1 DAY PER WEEK.....\$40.00**

ADDITIONAL CHILD DISCOUNT.....\$10.00 PER WEEK (Applies to 3 days or more only)

At the time of registration you must indicate which days your child will attend. Your child may not attend a day in which he/she was not previously registered unless space becomes available. **You will be charged your full week rate whether or not your child attends camp if you do not cancel by the cancellation date. Initial** _____

Late Registration Fee

A Late Registration Fee of \$10.00 will be charged to families who register after December 15. **Initial** _____

Cancellation Policy

The last day to cancel the week or any specific days is December 15, 2011, and must be in writing. **You will be charged your full week rate whether or not your child attends camp if you do not cancel by December 15, 2011 or if you register after December 15, 2011. Initial** _____

Attendance Policy

All children must be at Camp by 9:00am each day except on Wednesday, December 21 when all must be at camp by 8:30am. We cannot take children arriving after these times, nor can any child stay back from a field trip for any reason. **Initial** _____

Payment Due/Late Fee

Payment is due by 9:00am Monday for the week. All accounts not paid by 9:00am Monday will be assessed a \$5.00 **Late Fee. Initial** _____

Subsidized Payments

All families whose childcare is paid for by an outside agency, such as *Child Development Resources* and *Children's Home Society* are responsible for all tuitions and fees not covered by the outside agency. **Initial** _____

Late Pickup Fee

LPCC closes at 6:30pm every night. Please do not be late. You will be charged \$5.00 for every 15 minute increment that you are late in picking up your child. **Initial** _____

Returned Checks

For all checks that do not clear the bank the first time and must be redeposited, a **\$5.00 Redeposit Fee** will be charged to the account. If the check does not clear after being redeposited and is returned, a **\$5.00 Rejected Check Fee** will be charged to the account, totaling \$10.00 for a bounced check. **Initial** _____

Refund Policy

No refunds will be given for any reason, including your child being expelled from the program for disciplinary reasons and your decision to cancel the week of camp. Any credit due you will be given in services rendered. **Initial** _____

Collections

Delinquent accounts that go unpaid will be sent to an outside collection agency. **Initial** _____

Personal Equipment

LPCC will provide all supplies and sports equipment. Children should not bring any such items (animals included) for use unless given permission by a staff member. LPCC is not responsible for lost or stolen items. **Initial** _____

Photographic Release

I, the undersigned parent/legal guardian, do hereby authorize the Las Posas Children's Center to take photographs, videos, motion pictures, and/or sound recordings of my child and/or any other member of my family. I further grant the Las Posas Children's Center permission to use the photographs, videos, motion pictures and or sound recordings in its general publicity and campaign materials. **Initial** _____

I have read this **PAYMENT AGREEMENT** and agree to abide by its terms. I have also received a copy of this agreement.

Parent/Guardian

Signature

Date

Child(ren)'s Name(s)

**LAS POSAS CHILDREN'S CENTER, INC.
CHRISTMAS BREAK CAMP 2011
PAYMENT AGREEMENT**

PRICES

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Parent Copy

**Las Posas Children's Center, Inc.
 Christmas Break Camp 2011
 December 19-30
 Registration Form**

Child(ren)'s Names	Specify Days (√)					Specify Days (√)			
	M 12/19	T 12/20	W 12/21	Th 12/22	F 12/23	T 12/27	W 12/28	Th 12/29	F 12/30

Father's Information		Mother's Information	
Name		Name	
Home Phone		Home Phone	
Work Phone	ext	Work Phone	ext
Cell #		Cell #	

Mailing Address	Emergency Contact Other Than Parent

Persons authorized to pick up your child(ren) from Las Posas Children's Center

FOR OFFICE USE ONLY

Date Rec'd _____	Time Rec'd _____	By _____
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Las Posas Children's Center, Inc.

Child Emergency Information, Health History, & Medical Release

Child's Name	Date of Birth	Sex
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Check the first person to be called in case of emergency

Father's Name		Mother's Name	
Home Phone		Home Phone	
Employer		Employer	
Work Phone	Cell Phone	Work Phone	Cell Phone
Stepmother's Name		Stepfather's Name	
Home Phone		Home Phone	
Employer		Employer	
Work Phone	Cell Phone	Work Phone	Cell Phone

Known allergies _____

Child's Physician _____ Phone _____

Parent's Insurance Co. _____ Policy # _____

I, the natural parent/ legal guardian of _____ authorize the following:

1. My child's participation in the Las Posas Children's Center, Inc. program and all its activities.
2. Las Posas Children's Center, Inc. and its staff to provide transportation to and from related Children's Center activities.
3. Las Posas Children's Center, Inc., its staff, and ambulance to provide necessary emergency transportation.
4. Las Posas Children's Center, Inc. staff to provide basic first aid treatment.
5. Any Physician or the medical staff of a licensed hospital or clinic to provide treatment as is necessary until I can be notified. I understand this authorization is given in advance of any treatment being required.

I also understand that there is risk involved with respect to such activities and will assume responsibility and will indemnify, hold harmless and defend the Las Posas Children's Center, Inc., its staff, its officers, and its agents against any claim brought on behalf of my minor child in connection with this program. This authorization will remain effective during the enrollment period of this child, unless sooner revoked in writing to said agent.

Parent/ Legal Guardian Signature

Date

Please complete and sign other side

Immunization History

Please record the date (month and year) of basic immunizations and most recent booster doses.

Vaccines	Year of Basic Immunization	Year of Last Booster
Diphtheria Pertussis (Whooping Cough) Tetanus or } DPT	1 2 3	1 2
Tetanus Diphtheria or } TD		
Tetanus		
Oral Polio (Sabin) TOPV		
Injectable Polio (Salk)		
Measles (hard measles, 3-day measles, Rubeola)		
Mumps		
Rubella (German measles, 3-day measles)		
Other		
Tuberculin test given _____ (most recent)		
Haemophilus influenza b (HIB)		
Hepatitis B		

We cannot allow anyone to participate in our camp program until immunization history is completed.
(You may attach a copy of current immunization record to this form and sign below)

<p>Health History (Check. Give approximate dates.)</p> <p>_____ Frequent Ear Infections _____ Heart defect/Disease _____ Convulsions _____ Diabetes _____ Bleeding/Clotting Disorders _____ Hypertension _____ Mononucleosis</p> <p>Diseases</p> <p>_____ Chicken Pox _____ Measles _____ German measles _____ Mumps</p> <p>Allergies (Dates not needed)</p> <p>_____ Hay Fever _____ Insect Stings _____ Penicillin _____ Other drugs _____ Asthma _____ Other (Specify) _____</p>

Operations or serious injuries (*dates*)

Chronic or recurring illness or medical condition

Dietary restrictions _____

Current medications _____

Other diseases _____

Name of dentist/orthodontist _____ Phone _____

Name of family physician _____ Phone _____

For Female

Has this person menstruated? _____

If not, has she been told about it? _____

Please list anything about your child that you think we should know. Are there any activities in which you don't want your child to participate?

Parent or Guardian Signature

Date

Las Posas Children's Center, Inc.

Child Emergency Information, Health History, & Medical Release

Child's Name	Date of Birth	Sex
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Check the first person to be called in case of emergency

Father's Name		Mother's Name	
Home Phone		Home Phone	
Employer		Employer	
Work Phone	Cell Phone	Work Phone	Cell Phone
Stepmother's Name		Stepfather's Name	
Home Phone		Home Phone	
Employer		Employer	
Work Phone	Cell Phone	Work Phone	Cell Phone

Known allergies _____

Child's Physician _____ Phone _____

Parent's Insurance Co. _____ Policy # _____

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Diphtheria Pertussis (Whooping Cough) Tetanus or Tetanus Diphtheria or	1 2 3	1 2
Tetanus Diphtheria or		
Tetanus		
Oral Polio (Sabin) TOPV		
Injectable Polio (Salk)		
Measles (hard measles, 3-day measles, Rubeola)		
Mumps		
Rubella (German measles, 3-day measles)		
Other		
Tuberculin test given _____ (most recent)		
Haemophilus influenza b (HIB)		
Hepatitis B		

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If not, has she been told about it? _____

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Parent or Guardian Signature

Date

Must Be Completed to Attend LPCC on Dec 28

Pump It Up®

Waiver, Release, Hold Harmless, and Indemnification Agreement Rev. 10.001

As Consideration for being allowed to enter the play area and/or Participate in any party and/or program at Pump It Up the undersigned, on his or her behalf, and on the behalf of the Participant(s) identified below, acknowledges, appreciates, understands, and agrees to the following:

1. I represent that I am the parent or legal guardian of the Participant(s) named below or I have obtained permission from the parent/legal guardian of the Participant(s) named below to execute this agreement on their behalf.

Participant Name _____ Date of Birth _____

Participant Name _____ Date of Birth _____

Participant Name _____ Date of Birth _____

Participant Name _____ Date of Birth _____

2. I acknowledge and understand that there are risks associated with participation in Pump It Up activities and the use of the play area and inflatable equipment including but not limited to: contusions, fractures, scrapes, cuts, bumps, paralysis, or death.
3. I, for myself and the Participant(s) named, willingly assume the risks associated with participation and accept that there are also risks that may arise due to OTHER PARTICIPANTS which I also willingly assume.
4. I agree that the Participant(s) named, and I shall comply with all stated and customary terms, posted safety signs, rules, and verbal instructions as conditions for participation in any party and/or program at Pump It Up.
5. I, for myself, the Participant(s) named, our heirs, assigns, representatives, and next of kin agree to hold harmless and indemnify the independent owner of this Pump It Up facility, PIU Holdings, LLC, their predecessors, parent, subsidiaries and affiliates, officers, and employees from any and all injuries, liabilities or damages from participation.
6. I additionally agree to indemnify the independent owner of this Pump It Up facility, PIU Holdings, LLC, their predecessors, parent, subsidiaries and affiliates, officers, and employees for any defense cost or expense arising from any and all claims, injuries, liabilities or damages arising from participation.
7. I am of physical ability to participate and am legally competent to understand and complete this agreement. I hereby execute this agreement without coercion.

Parent / Guardian Name (please print): _____

Parent / Guardian Signature: _____ Date: _____

Address: _____

City: _____ ST: _____ Zip: _____

Emergency Contact number: () _____ or () _____

E-mail address: _____

By providing your e-mail address you acknowledge we may send you e-mail including Discount offers, special events, and Pump It Up news.