



LAS POSAS CHILDREN'S CENTER, INC.

SUMMER CAMP 2010

659-4115 647-3631

www.lpcc.com

serra@lpcc.com citrusglen@lpcc.com



Dear Parent,

Thank you for considering our camp. We believe your child will have a wonderful experience here, one that he/she will always remember. Please be assured that, whether on site or on outings, your child will be well cared for, as child safety is our top priority. If for any reason you or your child has any concerns about his/her stay at camp, I urge you to speak to me, LPCC Vice President Bobby Holmes, or any of our Directors. Your child's happiness and security is important to us. The following are the LPCC program goals for you and your children.

Children	Parents
<ul style="list-style-type: none"> • <i>to develop good character traits in each child</i> • <i>to strengthen the morals of each child</i> • <i>to develop in each child the ability to make wise decisions</i> • <i>for each child to know this is a place where he/she is accepted and loved</i> • <i>to help each child grow in self-confidence and self-worth</i> • <i>to help each child develop physically</i> • <i>to enhance the cognitive development of each child</i> • <i>to help each child discover his/her artistic talents</i> • <i>to help each child make lasting friendships</i> 	<ul style="list-style-type: none"> • <i>Feel secure knowing their child is in a safe, nurturing, and loving environment</i> • <i>Trust us in caring for their child</i> • <i>Know that we are assisting them in raising their child with high morals</i> • <i>Know that our lines for communication are always open and that we are receptive to their concerns</i> • <i>Know that we care about their family outside of day camp</i> • <i>Know that we are committed to providing the highest quality of child care</i>

The \$65.00 per child registration fee is used to help cover our cost of Liability Insurance, which is extremely expensive in the child care industry. It is easier to collect this at one time and pay the premium than to absorb it over a long period of time through higher tuition prices. However, if you register for only one week, the fee will be waived.

Camp Locations

K-3rd Grade Group – **Serra School**

4th-5th Grade Group AND 6th-8th Grade Group – **Citrus Glen School**

Please familiarize yourself with our Attendance Policy. It will be enforced this year.

Please return all of the following forms with appropriate signatures. We cannot accept an incomplete registration packet.

1. **Registration Form**
2. **Payment Agreement.** Read carefully and sign.
3. **Emergency Information, Health History, and Medical Release.** Complete and *sign both sides*. Must have one for each child.
4. **Health and Safety Policies.** Submit bottom portion.
5. **Attendance Policy.** Read carefully and sign.
6. **Transportation Safety Rules.** Submit bottom portion.
7. **Registration Fees.** \$65.00 per child.

Again, thanks for considering our camp. Feel free to ask any questions, visit the facility, and meet us. We're looking forward to seeing you!

Return forms in person or mail to: Las Posas Children's Center, Inc. 4435 McGrath Street, Suite 308 Ventura, CA 93003

Sincerely,

Bob Alfino
LPCC President



LAS POSAS CHILDREN'S CENTER, INC.
SUMMER CAMP 2010
PAYMENT AGREEMENT



Non-Refundable Summer Camp Registration Fee\$65.00

WEEKLY PRICES

5 DAYS PER WEEK.....\$120.00 PER WEEK
3 DAYS PER WEEK.....\$100.00 PER WEEK
ADDITIONAL CHILD DISCOUNT.....\$10.00 PER WEEK

At the time of registration you must indicate whether your child will attend 3 or 5 days per week and which weeks your child will attend. You may upgrade your schedule from 3 to 5 days or add any desired weeks at a later date if space is available. You will be charged your full week rate if your child attends at least one day of any week. Initial _____

Cancellation Policy

The last day to cancel any weeks is May 28, 2010, and must be in writing. You will be charged the 3-Day rate of \$100.00 if your child is registered but does not attend a week in which you did not cancel in writing on or before May 28, 2010. Initial _____

Attendance Policy

All children must be at Camp by 9:00am each day. We cannot take children arriving after these times, including children who attend summer school, nor can any child stay back from a field trip for any reason. Initial _____

Payment Due/Late Fee

Payments are due 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 any or all weeks 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.
SUMMER CAMP 2010
PAYMENT AGREEMENT



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Cancellation Policy

The last day to cancel any weeks is May 28, 2010, and must be in writing. You will be charged the 3-Day rate of \$100.00 if your child is registered but does not attend a week in which you did not cancel in writing on or before May 28, 2010. **Initial**_____

Attendance Policy

All children must be at Camp by 9:00am each day. We cannot take children arriving after these times, including children who attend summer school, nor can any child stay back from a field trip for any reason. **Initial**_____

Payment Due/Late Fee

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Subsidized Payments

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

PARENT COPY



**LAS POSAS CHILDREN'S CENTER, INC.
SUMMER CAMP 2010**



Attendance Policy

This policy will be enforced this year. Please plan ahead and make other childcare arrangements if you are unable to have your child at Camp on time on any given day. All of our groups are full, and on low enrollment days we will release some staff in order to keep our cost and your cost down. This decision is made at 9:00am. Children arriving late make it too difficult for us to staff adequately and get the bus count right on field trip days.

Attendance Policy

All children must be at Camp by 9:00am each day. There may be some days when children must be at Camp earlier for certain field trips. We cannot take children arriving after these times, including children who attend summer school, nor can any child stay back from a field trip for any reason.

I have read and understand this *Attendance Policy* and agree to abide by its terms.

Parent/Guardian Signature

Date

Child(ren)'s Name(s)



LAS POSAS CHILDREN'S CENTER, INC.

SUMMER CAMP 2010 REGISTRATION FORM



CHILDREN'S NAMES

AGE

K-3rd or 4th-5th or 6th-8th GROUP

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

Street		Name	Phone #
City/Zip	email	Name	Phone #

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

Children's Names----- >	5 Days	3 Days	5 Days	3 Days	5 Days	3 Days
Week 1 June 21-25						
Week 2 June 28-July 2						
Week 3 July 5-9						
Week 4 July 12-16						
Week 5 July 19-23						
Week 6 July 26-30						
Week 7 Aug 2-6						
Week 8 Aug 9-13						
Week 9 Aug 16-20						

T-Shirt Prices - *Free if registering on or before April 17* **\$7.00 if registering after April 17**

Size (Circle)	Youth Small	Youth Medium	Youth Large	Adult Small	Adult Medium	Adult Large
	6-8	10-12	14-16	34-36	38-40	42-44

FOR OFFICE USE ONLY

REGISTRATION FEE: AMOUNT _____	CHECK # _____	DATE PD _____
T-SHIRT _____	CDR _____	CHS _____ Other _____



Las Posas Children's Center, Inc.

Child Emergency Information, Health History, & Medical Release



Child's Name	Date of Birth	Sex
--------------	---------------	-----

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
Stepfather's Name		Stepmother'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 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 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		

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</p> <p>_____ Heart defect/Disease</p> <p>_____ Convulsions</p> <p>_____ Diabetes</p> <p>_____ Bleeding/Clotting Disorders</p> <p>_____ Hypertension</p> <p>_____ Mononucleosis</p> <p>Diseases</p> <p>_____ Chicken Pox</p> <p>_____ Measles</p> <p>_____ German measles</p> <p>_____ Mumps</p> <p>Allergies (Dates not needed)</p> <p>_____ Hay Fever</p> <p>_____ Insect Stings</p> <p>_____ Penicillin</p> <p>_____ Other drugs</p> <p>_____ Asthma</p> <p>_____ 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.

HEALTH & SAFETY POLICIES



HEALTH POLICIES

- If your child is ill, please keep him/her home so other children and staff will not be exposed.
- If your child should become ill during the day he/she will be isolated until a parent or authorized person picks him/her up.
- We ask your cooperation in reporting any contagious condition to a staff member.
- You will be notified immediately if your child is injured and requires medical attention beyond basic first aid. A seriously ill or injured child will be taken to the nearest emergency medical facility. Every attempt will be made to contact a parent before the trip is made.
- We cannot provide refrigeration for your child's lunch, nor can we heat up your child's lunch.
- All children must provide their own sunscreen to be used while at camp. Please send a bottle with your child's name on his/her first day of camp that we can use all summer. In the event your child's sunscreen is not present, the camp will use its own sunscreen on your child on a temporary basis. Check the camp sunscreen container if you think your child may be allergic to some sunscreens and if the SPF is high enough for your child.

MEDICATIONS

We can administer medication to your child. All medications must have a doctor's note. A prescription bottle is acceptable as a doctor's note. You must complete and sign a *Medication Request and Record Form*.

SAFETY POLICIES

All children are expected to follow the basic Las Posas Children's Center rules to ensure that all children and staff have a positive daycare experience.

1. Keep your hands and feet to yourself. (*No fighting*).
2. Stay with *your* counselor or other staff member at all times.
3. Rocks, sticks, sand, etc. stay on the ground. (*No rock throwing*).
4. Keep your language clean. (*No cussing*).
5. Say only nice things to others. (*No teasing or name calling*).
6. Tell a staff member instead of retaliating against another child.
7. Respect the property of others and the property of Las Posas Children's Center, Inc. and Ventura Unified School District.
8. No firearms, weapons, alcohol, drugs, pornography and the like.
9. Respect and obey the staff.

These policies will be explained to the children. We ask that you also go over them at home. Your child may be expelled from the program if the policies are continually disregarded.

-----Detach Here-----

I have read the Health & Safety Policies and have reviewed them with my child(ren).

I understand that my child(ren) can be expelled from the program if the policies are not followed.

Parent Signature

Date

Child(ren)'s Name



Las Posas Children's Center, Inc. Transportation Safety Rules



Dear Parent,

Bus safety is a very important issue to us at LPCC. Below are our rules for riding the bus. These rules will be explained to the children. Please go over them with your child at home. Children who cannot follow the bus safety rules will lose bus riding privileges.

Conduct Inside the Bus

1. Remain seated and faced forward
2. Keep hands and feet to yourself
3. Talk in a normal tone to the person seated next to you.
4. A staff member must be in the seats next to the Emergency Exits.
5. No eating or drinking
6. Keep hands and all body parts inside the bus
7. Do not throw anything out the window
8. No Graffiti or vandalism
9. Properly wear seat belts in seats equipped with seat belts

Seating

Passengers may only ride in the seats. No more than 3 persons to seats designed for 3 persons and no more than 2 persons in seats designed for 2 persons. The total capacity may not exceed the amount established by the manufacturer.

Loading

Children may not enter the bus unless the driver or other staff is present. While waiting for the bus to arrive, passengers must wait patiently, away from the curb, and wait for the bus to park. **No Horseplay.** The bus will pull up a few feet from the passengers. The passengers will then approach the bus calmly, without running or cutting.

Unloading

The staff will get off the bus first. This is because we need the supervision as soon as the children exit the bus. The children will exit row by row and will stay seated until it is their turn to go. The driver will remain on the bus until everyone is off and will check the bus for personal belongings left behind.

Head Count

On field trips, the supervisor will conduct a head count before departure and reconcile it with each counselor's list of children. This will be repeated before the return trip. Obviously it is extremely important that we get the count right. The children must remain quiet and sitting upright while this is being done.

Late Bus

You will be notified if the bus will be seriously late from a field trip. If the bus will not make the morning run, a staff member will drive to the pickup locations to let you know, and wait, if necessary, with the passengers until other arrangements can be made.

Routes

The buses travel in convoys and usually take the same routes each time to regular locations. You can pick up a map to these locations in the office.

Morning Pickup Times

Blanche Reynolds School	8:00am
Marina Park	8:15am

Camp Pickup and drop off locations

At Citrus Glen: Use the Henderson Street parking lot. Do not park in the driveway.

IMPORTANT: There is no supervision provided by LPCC at the morning bus stop. There is no return bus in the evening. All children must be picked up by 6:30pm at their respective camp sites.

-----Detach Here-----

I have read the **Transportation Safety Rules** and have reviewed them with my child(ren).

I understand that my child(ren) can be expelled from the program if the policies are not followed.

Parent Signature

Date

Child(ren)'s Name



Las Posas Children's Center Summer Camp 2010 Schedule



	K-3 rd Grade Group Located at Junipero Serra School 659-4115 serra@lpc.com					4 th -5 th Grade Group Located at Citrus Glen School 647-3631 citrusglen@lpc.com					Middle School 6 th -8 th Grade Group Located at Citrus Glen School 647-3631 citrusglen@lpc.com				
	M	T	W	Th	F	M	T	W	Th	F	M	T	W	Th	F
Open 645am-630pm															
<i>Week 1 June 21-25</i>	21 On Site	22 Pool/ Water Slide	23 Skating Plus	24 Beach	25 On Site <i>Cowboys & Cowgirls</i>	21 On Site <i>G- Sewing</i>	22 Pool/ Water Slide	23 Skating Plus	24 On Site	25 Beach	21 On Site	22 Pool/ Water Slide	23 Skating Plus	24 On Site <i>G- Sewing</i>	25 Beach
<i>Week 2 June 28- July 2</i>	28 On Site	29 Pool/ Water Slide	30 Casitas Water Park	1 On Site <i>T. Bear Picnic</i>	2 Beach	28 On Site <i>B- Woodshop G- Sewing</i>	29 Pool/ Water Slide	30 On Site <i>Iron Chef</i>	1 Magic Mtn	2 On Site	28 Beach Bicycle Day	29 Pool/ Water Slide	30 On Site <i>Iron Chef</i>	1 Magic Mtn	2 On Site <i>B-Woodshop G- Sewing</i>
<i>Week 3 July 5-9</i>	5 On Site	6 Pool/ Water Slide	7 Wacky Olympics	8 Beach	9 On Site	5 On Site	6 Pool/ Water Slide	7 Beach BBQ	8 On Site	9 Track Meet	5 On Site	6 Overnight Campout Carpinteria Beach	7 Beach BBQ	8 On Site	9 Track Meet
<i>Week 4 July 12-16</i>	12 On Site	13 Pool/ Water Slide	14 Paint Pals	15 On Site <i>Pirates</i>	16 Beach	12 On Site <i>G- Sewing</i>	13 Pool/ Water Slide	14 On Site	15 Hurricane Harbor	16 On Site	12 CanadaLarga A Day on the Ranch	13 Pool/ Water Slide	14 On Site <i>G- Sewing</i>	15 Hurricane Harbor	16 On Site
<i>Week 5 July 19-23</i>	19 On Site	20 Pool/ Water Slide	21 Carnival	22 Beach	23 On Site <i>Luau</i>	19 On Site	20 Pool/ Water Slide	21 Carnival	22 On Site	23 Beach	19 Moorpark College EATM	20 Pool/ Water Slide	21 Carnival	22 On Site	23 MB2 Raceway
<i>Week 6 July 26-30</i>	26 On Site	27 Pool/ Water Slide	28 Ventura Water Park	29 Beach	30 On Site <i>Career Day</i>	26 On Site <i>B- Woodshop G-Firefly</i>	27 Pool/ Water Slide	28 Amtrak to S.B.	29 On Site <i>G- Cookie Design</i>	30 Beach	26 On Site G-Firefly	27 Pool/ Water Slide	28 Vertical Heaven	29 On Site <i>B-Woodshop G- Cookie Design</i>	30 Beach
<i>Week 7 Aug 2-6</i>	2 On Site <i>Show Rehearsal</i>	3 Pool/ Water Slide	4 On Site <i>Show Rehearsal</i>	5 Beach	6 Overnight Campout	2 On Site <i>Show Rehearsal</i>	3 Pool/ Water Slide	4 Beach <i>Sandsoccer 3 on 3 Tourney</i>	5 On Site <i>Show Rehearsal</i>	6 Overnight Campout	2 On Site <i>Show Rehearsal</i>	3 Pool/ Water Slide	4 Beach <i>Sandsoccer 3 on 3 Tourney</i>	5 On Site <i>Show Rehearsals</i>	6 Overnight Campout
<i>Week 8 Aug 9-13</i>	9 On Site	10 Pool/ Water Slide	11 Pump It Up	12 Beach	13 On Site <i>Magician</i>	9 On Site <i>B-Woodshop G-Arena Soccer</i>	10 Pool/ Water Slide	11 Golf N Stuff	12 On Site	13 Beach <i>Boogie Board Surf Contest</i>	9 On Site G-Arena Soccer	10 Pool/ Water Slide	11 Golf N Stuff	12 On Site <i>B- Woodshop G- Sewing</i>	13 Beach <i>Boogie Board Surf Contest</i>
<i>Week 9 Aug 16-20</i>	16 On Site	17 Pool/ Water Slide	18 Chuck E. Cheese	19 Beach	20 On Site <i>Crazy Hair</i>	16 On Site <i>B-Arena Soccer</i>	17 Pool/ Water Slide	18 Lazerstar	19 On Site <i>Luau</i>	20 Beach	16 On Site <i>B-Arena Soccer</i>	17 Pool/ Water Slide	18 Lazerstar	19 On Site <i>Luau</i>	20 Beach

See reverse side for more scheduling info



Las Posas Children's Center Summer Camp Cancellation Form



This form can be used to notify us of any weeks of Summer Camp you want to cancel. Cancellations must be in writing, and if not done by May 28, 2010, the account will be charged the 3-Day rate of \$100.00.

The purpose for this policy is to help many of you who have found yourself in the unfortunate position of being on the waiting list for some or all of the weeks, but need to confirm your summer plans before summer starts. In the past we were unable to offer spots to those on the waiting list until a particular week came up, which is too late for most people. In this way we hope to lessen the anxiety for many of you by letting you know before summer camp begins whether or not we will have openings, and possibly still give you enough time to find space at another camp if need be.

Do not use this form when initially registering for camp. To indicate which weeks you do not want, simply do not check them on the Registration Form. Save this form for later use if you need to cancel any weeks previously registered.

Please cancel the following weeks for my child:

<i>(✓) each Week you want to cancel</i>	Child's Name	Child's Name	Child's Name
<i>Week 1 June 21-25</i>			
<i>Week 2 June 28-July 2</i>			
<i>Week 3 July 5-9</i>			
<i>Week 4 July 12-16</i>			
<i>Week 5 July 19-23</i>			
<i>Week 6 July 26-30</i>			
<i>Week 7 Aug 2-6</i>			
<i>Week 8 Aug 9-13</i>			
<i>Week 9 Aug 16-20</i>			

Parent's Signature

Date

Mail: Las Posas Children's Center **OR** **Fax:** (805) 644-1916 **BY May 28, 2009**
4435 McGrath St, Suite 308
Ventura, CA 93003