

Fountain Valley School District PLAVAN Summer Camp

June 25–August 24 – 9 Weeks – 7am to 6:00 pm

Full Time – \$135.00 per Week – No Part Time

Drop In – \$40.00 Per Day

Summer Camp Contracts And Tuition
Are Not Transferrable Between Locations



Register April 9, 2017 through June 8 – Registration will resume (if space is available) June 18. Register at www.fvdschildcareprograms.com Print, complete and return the following Enrollment forms to the Childcare Programs Office: 9625 Warner Avenue, Fountain Valley, (714) 962-4072. **PLEASE NOTE: Registration is first come first serve, therefore, please register early to ensure you get a space. Once the site is full we will close registration. We do NOT have a waiting list for summer camp.**

NOTE: A registration packet must be completed for EACH site the child will be attending.

- CONTRACT: One for each child enrolling in Summer Camp
 - Mark which camp site you prefer. (Your child will be placed on a space-available basis.)
 - Drop Ins Available– **PLEASE NOTE: In order to use the drop in program, you will need to be registered at the Childcare Programs Office at least one week in advance of your first drop in day. Once registered, ALL DROP INS MUST BE SCHEDULED AND PAID FOR AT THE CHILDCARE PROGRAMS OFFICE PRIOR TO THE DROP IN. NO EXCEPTIONS. ONCE A DROP IN DAY IS SCHEDULED AND PAID FOR IT CANNOT BE CANCELLED, TRANSFERRED, RESCHEDULED OR REFUNDED. More details are on the attached Contract for Adding and Dropping Days/Weeks and Parent Handbook.**
 - Mark the weeks that your child will attend.
 - \$10.00 deposit for each week enrolled is required with each contract at the time of registration.
 - If you sign up for 2 or less weeks only, payment in full is due at the time of registration.
 - Payment for week 1 is due by June 12, 2018.
 - You will receive one T-shirt free of charge with registration. Additional T-shirts – \$10.00 each.
 - \$25.00 registration fee (non-ESP students).
 - Attach your check to the contract.
- 2 EMERGENCY CARDS – per family (list all children attending). Please note 2 emergency cards (the ESP Office will not make photocopies) must be returned with the registration paperwork.
- ENROLLMENT FORM – 2 Pages. 1 set per family (list all children attending)
- PEANUTS AND SUNSCREEN WAIVER – 1 per child
- ELECTRONICS WAIVER – 1 per child
- DISCIPLINE CONTRACT– One for each child enrolling in Summer Camp
- ADDING AND DROPPING DAYS CONTRACT – One per family.

Make Checks Payable to: FVSD-ESP – Please write your child's full name at the bottom left section of your check. Each week's remaining balance after your deposit (\$125.00) will be due the Wednesday prior to the week attending.



Fountain Valley School District
ON SITE SUMMER CAMP CONTRACT
PLAVAN SCHOOL



Full Time (5 Days): \$135.00 Per Week – 7:00 AM to 6:00 PM
 Drop In Days Are Available – \$40.00 Per Day

Child's Name _____ M/F____ Current Grade _____ Home School _____
 Home Address _____ City _____ Zip Code _____
 Mother's Name _____ Home Phone _____ Cell Phone _____
 Mother's Employer _____ Employer Phone _____
 Father's Name _____ Home Phone _____ Cell Phone _____
 Father's Employer _____ Employer Phone _____
 E-Mail Address: _____

Does your child require any special accommodations at Summer Camp? _____

My child will attend Summer Camp: (Please check the weeks your child will attend.) Drop In Only _____

Week 1.	June 25 – June 29	Week 6.	July 30 – August 3
Week 2.	July 2 – July 6 (Closed July 4th) \$110.00	Week 7.	August 6 – August 10
Week 3.	July 9 – July 13	Week 8.	August 13 – August 17
Week 4.	July 16 – July 20	Week 9.	August 20 – August 24
Week 5.	July 23 – July 27		

\$10.00 Deposit For Each Week Signing Up For

Child's T-Shirt Size: Child XS Child S Child M Child L Adult S Adult M

Deposit (\$10.00 Per Week) \$ _____

Registration Fee (\$25.00 If Not
 Currently In ESP) \$ _____

TOTAL DUE WITH CONTRACT: \$ _____

First Payment For Week #1
 Due June 12. See Payment
 Schedule For Remaining
 Weeks In Parent Handbook

I Agree To Abide By the Summer Camp Enrollment Policies And Procedures And Understand.

All contracts, payments and deposits are non-refundable and non-transferrable.

I give permission for my child to participate in all activities, including walking field trips.

Weeks may be dropped with a two week written or e-mailed notice.

Parent Signature _____ Date _____

Print Name _____

Office Use Only: PAYMENT RECEIPT	Copy To Parent. <input type="checkbox"/>
Date Payment Received _____ Amount Paid _____ Check # _____ Cash _____	Received By: _____

2018/2019 FVSD CHILD CARE PROGRAMS EMERGENCY CARD

LPU 1__ 2__ 3__

Student Last Name Home Address City Zip Code Phone
(Legal if Different)

Is your child enrolled in ANY Special Needs classes in the Fountain Valley School District? _____

Table with 7 columns: LIST CHILDREN ENROLLED, ELDEST FIRST, Birth Date, Sex, Grade, Food Allergies, Special Medical Problems, Daily Medications. Includes three rows of blank fields for student information.

Custody Ruling (Attach Court Order) prohibits release of children to: _____

Student(s) live with (please circle): Father Mother Stepfather Stepmother Other _____

Fields for contact information: Father Last Name, Mother Last Name, Stepparent/Legal Guardian Name, First, Employer/Location, Work Telephone, Cell.

Adults authorized to pick up children who have agreed to be responsible in case of minor injury, illness or emergency evacuation if parents cannot be reached. THIS INFORMATION MUST BE KEPT UP-TO-DATE. YOU MUST INCLUDE AT LEAST 2 LOCAL PEOPLE. ONLY THESE PEOPLE ARE ALLOWED TO TAKE CHILDREN HOME FROM CHILD CARE PROGRAM AND MUST BE AT LEAST 18 YEARS OF AGE.

Table for authorized adults with columns: Name, City, Relationship, Telephone. Includes three rows of blank fields.

MEDICAL EMERGENCY INSTRUCTIONS: In the event of an emergency, the Lead Instructor or his/her designee will call 911, your physician and/or emergency physician. The undersigned parent/guardian will pay any fees involved.

Physician Name Telephone () _____

Insurance Company Policy Number Drug Allergies _____

In case of emergency, list who should be contacted first: _____

PUPIL TRANSPORTATION PERMIT: In accordance with Education Code 35330, you are required to give written permission before your child can be transported. By signing below I grant this permission.

PHOTO RELEASE: By signing below I authorize CHILD CARE PROGRAMS to use pictures taken of my child for any educational purpose, including newspaper publicity or check statement below.

I DO NOT APPROVE of photograph release of my child.

PARENT/GUARDIAN SIGNATURE DATE _____

2018/2019 FVSD CHILD CARE PROGRAMS EMERGENCY CARD

LPU 1__ 2__ 3__

 Student Last Name Home Address City Zip Code Phone
(Legal if Different)

Is your child enrolled in ANY Special Needs classes in the Fountain Valley School District? _____

LIST CHILDREN ENROLLED	ELDEST FIRST					Daily
First Name	Birth Date	Sex	Grade	Food Allergies	Special Medical Problems	Medications
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Custody Ruling (Attach Court Order) prohibits release of children to: _____

Student(s) live with (please circle): Father Mother Stepfather Stepmother Other _____

_____ Father Last Name	_____ First	_____ Employer/Location	_____ Work Telephone	_____ Cell
_____ Mother Last Name	_____ First	_____ Employer/Location	_____ Work Telephone	_____ Cell
_____ Stepparent/Legal Guardian Name		_____ Employer/Location	_____ Work Telephone	_____ Cell

Adults authorized to pick up children who have agreed to be responsible in case of minor injury, illness or emergency evacuation if parents cannot be reached. THIS INFORMATION MUST BE KEPT UP-TO-DATE. YOU MUST INCLUDE AT LEAST 2 LOCAL PEOPLE. ONLY THESE PEOPLE ARE ALLOWED TO TAKE CHILDREN HOME FROM CHILD CARE PROGRAM AND MUST BE AT LEAST 18 YEARS OF AGE.

Name	City	Relationship	Telephone
_____	_____	_____	() _____ Cell () _____
_____	_____	_____	() _____ Cell () _____
_____	_____	_____	() _____ Cell () _____

MEDICAL EMERGENCY INSTRUCTIONS: In the event of an emergency, the Lead Instructor or his/her designee will call 911, your physician and/or emergency physician. The undersigned parent/guardian will pay any fees involved.

Physician Name _____ Telephone () _____

Insurance Company _____ Policy Number _____ Drug Allergies _____

In case of emergency, list who should be contacted first: _____

PUPIL TRANSPORTATION PERMIT: In accordance with Education Code 35330, you are required to give written permission before your child can be transported. By signing below I grant this permission.

PHOTO RELEASE: By signing below I authorize CHILD CARE PROGRAMS to use pictures taken of my child for any educational purpose, including newspaper publicity or check statement below.

I DO NOT APPROVE of photograph release of my child.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

ENROLLMENT FORM

Child(ren)'s Last Name _____ School _____
Family Last Name _____ First Date in ESP _____

	Child(ren) in ESP	Grade	Sex
1.	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

2. Does your child require any special accommodations? Yes No

3. If yes to question #2, please explain _____

4. Child lives with (please circle):

Father/Stepfather: Name: _____

Mother/Stepmother: Name: _____

Other (please give relationship) Name: _____ Relationship _____

5. Other children in the home:

Name	Age	Relationship
_____	_____	_____
_____	_____	_____

6. Adults other than parents in the home:

Name	Relationship
_____	_____
_____	_____

A parent conference may be required prior to attending if an accommodation plan is necessary for program participation.

**Enrollment Form
(page 2)**

7. **What are your child's physical, social or emotional needs?**
8. **How can we best meet your child's needs?**
9. a. **Does your child receive any special services from the school district? (Speech and Language, RSP, ESL, GATE, SDC) Please list.**
- b. **If the answer to 9 a. is yes, please explain why your child receives services from the Special Ed Department.**
- c. **Does your child ever experience violent outbursts?**
10. **Can your child express himself verbally so others can understand him?
If not, how does he communicate?**
11. **How does your child react in new social experiences?**
12. **What techniques are effective when your child is upset?**
13. **Please share any concerns or additional information about your child(ren) that will help the staff meet the individual needs of each child. All information is confidential. Please attach separate sheet if necessary.**

[] **Prefer to discuss child's needs with teacher**

SUMMER CAMP

PEANUTS AND SUNSCREEN Contract Waiver

1. I would like my child to eat lunch at a “peanut free” lunch table.
YES NO

Parent or Guardian Signature _____ Date _____

2. I agree to allow the ESP Staff to assist my child to apply sunscreen. The children will apply sunscreen at lunch (12:00pm) and last recess (3:00pm). IT IS THE PARENT'S RESPONSIBILITY TO APPLY SUNSCREEN DAILY BEFORE ARRIVING AT SUMMER CAMP. (If your child needs special sunscreen, please provide it and discuss with camp coordinator.)
YES NO

Parent or Guardian Signature _____ Date _____

- I will donate sunscreen to Summer Camp.

**Fountain Valley School District
SUMMER CAMP
DISCIPLINE CONTRACT**

1. You are expected to treat yourself, the other children, and the adults at Summer Camp with respect. You are to be polite and courteous in your actions and conversation with others... (do not use bad language).
2. You are expected to keep yourself safe and to help your friends keep themselves safe by following Summer Camp and school rules...(if you or someone else might get hurt, don't do it).
3. You are expected to use personal and school materials and equipment in a safe manner so it is not damaged or lost.
4. You are expected to listen and respond to directions given to you by adults the first time.
5. You are expected to use your best behavior on field trips, including on the bus. Children who misbehave on a field trip will not be able to go on the next field trip.
6. What happens if you do misbehave? You will receive a warning. If you do not respond to the warning you will be given time out to think about your behavior. You may owe a consequence for your behavior. A phone call or written warning to parents, suspension, or dismissal from Summer Camp are other consequences that may apply. Dismissal from the Extended School Program is permanent.
7. If you have a consequence to do, remember that while your behavior is being corrected, the adults still like you as a person.
8. Remember to treat everyone in the way you like to be treated.
9. If someone hits you, threatens you, teases you, or plays unfairly, tell them how you feel. If they won't listen, ask an adult to help you. DO NOT hit or yell. The adult will help you learn ways to take care of yourself in these situations.
10. Remember all of us have bad days. Sometimes something is happening in our lives that makes us sad or mad. If you learn to talk to an adult or a friend about the things that are bothering you, then you will feel better and get along at Summer Camp and home better.
11. If you have any questions about how you are expected to behave, please ask an adult.

I agree to do what is expected of me at Summer Camp:

Student Signature _____ Date _____

I have gone over the Discipline Contract with my child and agree to support the Summer Camp staff within the guidelines.

Parent or Guardian Signature _____ Date _____

Staff _____

EXTENDED SCHOOL PROGRAM ELECTRONICS CONTRACT

In conjunction with The Fountain Valley School District:

The FVSD Child Care Department and the Extended School Program are not responsible for damage to or the loss of any electronic devices brought into our program. This includes, but is not limited to cell phones, laptops, Game Boys, Itouch, Ipods, Ipads, electronic readers, etc. In addition, we are not to be held liable for the content on student devices.

PLEASE NOTE: The use of cell phones is prohibited during Summer Camp time.

I also understand that use of electronics is limited to Tuesdays from 7:00 am to 10:00 am and Thursdays from 3:30 pm to 6:00 pm during Summer Camp, and is subject to program activities and/or needs, as well as the discretion of the Summer Camp Coordinators.

I have gone over the Electronics Contract and agree to abide by these rules at all times.

Parent or Guardian Signature: _____

Child/rens Name/s: _____

Date: _____

Staff _____

CONTRACT FOR ADDING AND DROPPING
SUMMER CAMP WEEKS at PLAVAN ON-SITE SUMMER CAMP

THE WEEKS YOU SELECT ARE NON-TRANSFERRABLE AND NON-REFUNDABLE WITHOUT A TWO WEEK WRITTEN or E-MAILED DROP NOTICE. With a two week notice in writing or via e-mail you may drop a week. You will lose your \$10.00 deposit for that week. If you add another week you will need to do so at the Childcare Programs Office and provide another deposit for the week you are adding

Drop In Days

Any/Every additional day is considered a drop-in and must be scheduled and paid for at the Childcare Programs Office in advance. You may schedule an extra day for the same day, as long as the day is scheduled and paid for at the Childcare Programs Office before you drop your child at the Summer Camp site.

ONCE A DROP IN DAY IS SCHEDULED AND PAID FOR IT CANNOT BE CANCELLED, TRANSFERRED, RESCHEDULED OR REFUNDED. All payments are non-refundable and non-transferrable. Drop In days at the Plavan On Site Location must be registered for on a separate contract.

Parent Signature _____ Date _____