

# **h** hollywood schoolhouse

## **2019 EARLY CHILDHOOD SUMMER CAMP PROGRAM**

Camper's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Birth Date: \_\_\_\_\_

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

**Potty Training-** accounts will be subject to a \$25.00 fee per week for any child who is not potty trained.

	Early Bird by Apr. 12th/ Regular by May 10th
<input type="checkbox"/> Week 1: July 8th - July 12th 2019	\$385/\$440
<input type="checkbox"/> Week 2: July 15th - 19th 2019	\$385/\$440
<input type="checkbox"/> Week 3: July 22nd - July 26th 2019	\$385/\$440
<input type="checkbox"/> Week 4: July 29th - Aug 2nd 2019	\$385/\$440
<input type="checkbox"/> Week 5: Aug 5th - Aug 9th 2019	\$385/\$440

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

***(NO AFTER CARE AVAILABLE)***

***(\$2 per minute charged after 4:00 pm)***

**Space is limited, and cannot be guaranteed after Friday, May 10<sup>th</sup>.**

- 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 or Jordann (ece\_camp@hshla.org) the Friday before the requested week.

I acknowledge that I have enrolled my son/daughter in the Hollywood Schoolhouse, INC 2019 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 Schoolhouse, INC shall have the right for any cause considered by the school in its discretion, to decline enrollment in the 2019 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



2019 Summer Camp Program Registration and Emergency Information
COMPLETE ALL INFORMATION – PLEASE PRINT

Child's Name: Child's Birth date: Age: M F Home Address: Apt #: City: State: Zip Code:

Parent 1- Name: Parent's Home Phone: Parent's Cell Phone: Parent's Work Phone: E-MAIL:

Parent 2- Name: Parent's Home Phone: Parent's Cell Phone: Parent's Work Phone: E-MAIL:

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

Table with 3 columns: Name of Person, Relation to Child, Phone. Includes three rows for contact information.

Doctor you wish us to call:

Does your child wear glasses? YES NO Contact Lenses? YES NO

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):

Table with 3 columns: Name of Person, Relation to Child, Phone. Includes three rows for authorized pickup persons.

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