



**Bay Area Child Care  
Summer Adventure Camp 2020  
Registration Form**

NAME OF CHILD (FIRST & LAST): \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

AGE AT TIME OF CAMP: \_\_\_\_\_

ALLERGIES/FOOD RESTRICTIONS AND/OR MEDICATION THAT WE SHOULD BE AWARE OF:

IS THERE ANYTHING WE SHOULD BE AWARE OF REGARDING YOUR CHILD?

**PARENT/GUARDIAN #1**

(ACCOUNT HOLDER: ALL CORRESPONDENCE & RECEIPTS WILL BE SENT TO THIS PERSON)

NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

PRIMARY PHONE NUMBER: \_\_\_\_\_

SECONDARY PHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS (PLEASE PRINT CLEARLY): \_\_\_\_\_

**PARENT/GUARDIAN #2**

check this box if street address is the same as above

NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

PRIMARY PHONE NUMBER: \_\_\_\_\_

SECONDARY PHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS (PLEASE PRINT CLEARLY): \_\_\_\_\_

**EMERGENCY CONTACTS AND AUTHORIZED PICK UP PERSONS:**  
**(IN ADDITION TO PARENTS/GUARDIANS)**

1.NAME: \_\_\_\_\_ RELATIONSHIP TO CHILD : \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ALTERNATE NUMBER: \_\_\_\_\_

2.NAME: \_\_\_\_\_ RELATIONSHIP TO CHILD : \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ALTERNATE NUMBER: \_\_\_\_\_

**PLEASE RESERVE THE WEEKS DESIRED BELOW:**

\_\_\_\_\_ JUNE 15 - 19

\_\_\_\_\_ JULY 6 - 10

\_\_\_\_\_ AUGUST 3 - 7

\_\_\_\_\_ JUNE 22 - 26

\_\_\_\_\_ JULY 13 - 17

\_\_\_\_\_ AUGUST 10 - 14

\_\_\_\_\_ JUNE 29 - JULY 3

\_\_\_\_\_ JULY 20 - 24

\_\_\_\_\_ AUGUST 17 - 21

\_\_\_\_\_ JULY 27 - 31

**PLEASE CHECK THE SESSION(S) DESIRED:**

HALF DAY SESSION UP TO 5.5 HOURS A DAY: \$160/WEEK      TIME: \_\_\_\_\_ TO \_\_\_\_\_

EIGHT HOUR SESSION 8:00 AM - 4:00 PM: \$225/WEEK      TIME: \_\_\_\_\_ TO \_\_\_\_\_

EXTENDED SESSION 7:00 AM - 6:00 PM: \$275/WEEK      TIME: \_\_\_\_\_ TO \_\_\_\_\_

**OFFICE USE ONLY**

## BAY AREA CHILD CARE SUMMER CAMP FINANCIAL AGREEMENT

1. A non-refundable registration fee of \$50 is due at the time of registration.
2. A \$25 deposit is required for each week reserved to schedule appropriate staffing. The deposit will be deducted from the tuition each week that your child attends the summer program.
3. Deposits are non-refundable or transferrable due to cancellation, holidays, sickness, and/or any other absences.
4. Tuition must be paid on the first day of the week.
5. There is a 10% sibling discount for the second child enrolled during the same period.
6. Tuition paid by a minimum of four-week period will receive a 5% discount.
7. There is a \$25 fee for all late payments.
8. Students must be consistent with times and days, staying within their summer session assignment. Extra hours will be charged at \$10 per hour (no partial hours).
10. Bus transportation fees will be posted on a weekly basis and must be paid ahead of the weekly field trip.
11. A field trip permission slip must be completed on a weekly basis.
12. Full time students will have priority for field trips.
13. Parents should check for field trip availability BEFORE signing up.
14. There is a \$1 a minute late charge for pick up after 6:00 pm.

# PARENT AGREEMENTS & WAIVERS

The undersigned does hereby give permission for my child \_\_\_\_\_ (child's name) ("Participant"), to attend and participate in any services, programs and activities at Bay Area Child Care Centers, regardless of location and time of year, for as long as they are enrolled in the BACC program. This includes, but is not limited to, activities, events on and/or off site, use of facilities and equipment suited for the purpose of children preschool through sixth grade.

**LIABILITY RELEASE:** In consideration of BACC allowing the Participant to participate in childcare as well as possible other activities and events (including enrollment in summer camp), I, the undersigned, do hereby release, forever discharge and agree to hold harmless Bay Area Child Care Centers, its board of directors, directors, employees, sub-contractors, volunteers and teachers (collectively) from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the Participant while involved in the children/youth activities and childcare. I the parent or legal guardian of this Participant hereby grants my permission for the Participant to participate fully in all age preschool/school age activities and childcare, including field trips away from the facility during summer camp if enrolled. Furthermore, I, on behalf of my minor Participant, hereby assume all risk of accidental personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein. The undersigned further hereby agrees to hold harmless and indemnify BACC for any liability sustained by said BACC as the result of the negligent, willful or intentional acts of said Participant, including expenses incurred attendant thereto.

**MEDICAL TREATMENT PERMISSION:** I authorize an adult, in whose care the minor has been entrusted to administer first aid, CPR in the case of an emergency. I consent to any emergency x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital or emergency care facility. The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child or youth pursuant to this authorization.

**EARLY RETURN HOME POLICY:** Should it be necessary for my child to return home due to medical reasons, disciplinary action or otherwise, the undersigned shall assume all transportation costs and responsibility.

**TRANSPORTATION PERMISSION:** The undersigned does also hereby give permission for my child/youth to ride in any vehicle driven by an approved and licensed ADULT chaperone while attending and participating in activities sponsored by BACC.

**PHOTOGRAPHY PERMISSION:** The undersigned hereby gives permission for BACC to use any of the photography and/or video footages taken of the undersigned and/or the undersigned's children participating in the BACC summer camp sessions and activities in present and future professional growth, grant purposes, promotional/marketing purposes, such as, but not limited to BACC webpage, related BACC social media account(s), without additional release or authorization.

**WITHDRAWAL FROM PROGRAM:** BACC reserves the right to withdraw a child immediately from the summer program, without prior notice due to, but not limited to: behaviors that are having an adverse effect on the safety of other children, staff and/or the program, bullying, refusal to participate in the general scheduled program, failure to comply in providing required documentation mandated by our program, non-payment of childcare fees by due date, delinquent fees, and checks returned by the bank, a staff member or a child is intimidated, physically or verbally abused by a parent/guardian; if a parent displays a demeanor/behavior that is threatening to the staff and safety of the children, consistent pick-ups of your child after 6PM within a three (3) month period.

\_\_\_\_\_ (initial) I have read, understand and agree to the above stated release and waiver of liability and indemnity.

\_\_\_\_\_ (initial) I have read, understand and agree to the BACC summer camp financial agreement, permissions, policies and procedures as outlined above.

\_\_\_\_\_  
Printed Parent Name

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

