



*Pasadena Christian School*

# **2022 BYH Fun in the Sun Camp**

*For students entering 1st through 8<sup>th</sup> grade*

The Big Yellow House (BYH), the extended care facility of Pasadena Christian School, operates an 8-wk summer program designed for the needs of school-age children entering 1<sup>st</sup> through 8<sup>th</sup> grade. Fun activities will fill their days with laughter and excitement. If you have any questions, please email Suzie Allen at [sallen@pcs.school](mailto:sallen@pcs.school).

**8-week session:** *June 6 – July 28, 2022* \*Closed July 4<sup>th</sup> & 5<sup>th</sup> and July 30<sup>th</sup>

*Register for one or all 8 weeks*

**Hours:** *7:00 a.m. to 6:00 p.m. Monday through Friday*

**Snacks:** *Light A.M. & P.M. snack provided.* Additional snack for purchase will be available most days.

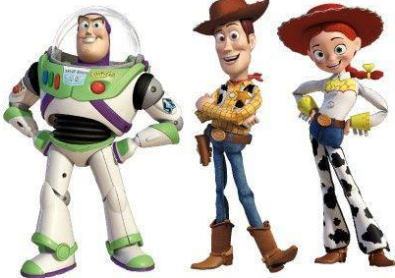



**Lunch:** *The Only Place in Town will offer lunch service on campus.* Their menu will be available online on March 1<sup>st</sup>. All lunch orders will be due by May 27<sup>th</sup>.




**Activities:** We have a very exciting summer planned! We are looking forward to being together again and have planned all types of fun activities on campus. Each week has a theme with games and events surrounding the theme. We will have water play, chapel, arts & crafts, games, cooking, science fun, music, sports, team building games, and special activities every Friday. Fridays will include a special game in the gym, a water play competition, a movie, and a special snack.



**Kindness Activities:** Our weekly themes and various activities are all about learning how to be a better friend.

Thank you for entrusting your sweet children to us. We enjoy spending time with them, getting to know them, and embarking upon more fun adventures together! We have an action-packed summer planned and can hardly wait for it to begin!!!

**See the Weekly Activity Schedule on the next few pages**

<b>Week Number &amp; Date</b>	<b>Monday – Special Colors Day</b>	<b>Weekly Theme</b>	<b>Song // Movie</b>	<b>Famous Friends</b>
<b>Week 1 June 6-10</b>	<b>Green, Purple, and/or Brown</b>	<b>You've Got a Friend in Me</b> 	<b>You've Got a Friend in Me by Randy Newman // Toy Story</b>	<b>Buzz, Woody, and Jessie</b>
<b>Week 2 June 13-17</b>	<b>Red and/or Blue</b>	<b>It's Cool to Be Kind</b> 	<b>It's Cool to be Kind by Randy Sauer // The Incredibles</b>	<b>Mr. &amp; Mrs. Incredible &amp; Frozone</b>
<b>Week 3 June 20-24</b>	<b>Red, Blue, Yellow, and/or Green</b>	<b>It's the Little Things</b> 	<b>K is for Kindness by Chris Jackson &amp; the Sesame Street friends</b>  <i>(Song only – no movie assigned)</i>	<b>Sesame Street Characters</b>
<b>Week 4 June 27 – July 1</b>	<b>Orange, Blue, and/or Lavender</b>	<b>Unexpected Friendships for 1<sup>st</sup> &amp; 2<sup>nd</sup> Grade</b> 	<b>Shoulder to Shoulder by Carly Simon // Pooh's Heffalump Movie</b>	<b>Tigger, Roo, &amp; Lumpy</b>

<b>Week Number &amp; Date</b>	<b>Monday – Special Colors Day</b>	<b>Weekly Theme</b>	<b>Song // Movie</b>	<b>Famous Friends</b>
<b>Week 4</b>  <b>June 27 – July 1</b>	<b>Blue, Gray, and/or Red</b>	<b>Unexpected Friendships For 3<sup>rd</sup> – 8<sup>th</sup> Grade</b> 	<b>Moment of Truth by Cyn // How to Train Your Dragon</b>	<b>Hiccup &amp; Toothless</b>
<b>Week 5</b>  <b>July 6-8</b>	<b>Red and/or Blue and/or Hawaiian of any colors</b>	<b>Acceptance</b> 	<b>Let's Be Friends by Elvis Presley &amp; We are Family by Sister Sledge // Lilo &amp; Stitch</b>	<b>Lilo &amp; Stitch</b>
<b>Week 6</b>  <b>July 11-15</b>	<b>Blue, Purple, and/or Brown</b>	<b>The Magic of Friendship</b> 	<b>Friend Like Me by Robin Williams // Aladdin</b>	<b>Aladdin, Genie, Abu</b>

<b>Week Number &amp; Date</b>	<b>Monday – Special Colors Day</b>	<b>Weekly Theme</b>	<b>Song // Movie</b>	<b>Famous Friends</b>
<b>Week 7 July 18-22</b>	<b>Green, Blue, and/or Purple</b>	<b>If I Didn't Have You</b> 	<b>If I Didn't Have You by Billy Crystal &amp; John Newman // Monster's Inc.</b>	<b>Sully, Mike, &amp; Boo</b>
<b>Week 8 July 25-28</b>	<b>Black, White, and/or Yellow</b>	<b>We'll Always Be Friends</b> 	<b>Friends by Michael W. Smith &amp; Amy Grant // Peanuts Movie</b>	<b>Snoopy &amp; Woodstock</b>

#### **Registration**

To enroll your child, submit your Registration Form, Emergency Release, Administration of Medication form (if necessary), Sunscreen Form, and Behavior Contract and determine your payment plan (all forms available on the PCS website). If you are an external family (ie., No PCS FACTS Tuition Account), also submit full payment in the form of a check or money order. Forms may be mailed, dropped off at BYH or left in the collection box in the front office. Please label all correspondence Attn: BYH.

#### **Returning PCS Students Registration Deadlines:**

**Register by March 11:** Your tuition account will be billed in 2 installments on 4/1 and 5/1.

**Register by April 1:** Half tuition is due now through FACTS. Your account will be billed for the remaining balance in May.

**Registrations received after April 15:** Full tuition plus \$50 processing fee due now through FACTS.

#### **Non-Returning PCS Students Registration Deadlines:**

**Register by March 11:** Account will be billed in 2 equal installments on FACTS on 4/1 and 5/1.

**Register by April 1:** Half tuition billed and payable immediately through your FACTS account; account will be billed for remaining tuition installment on 5/1.

**Register after April 15:** Full tuition plus an additional \$50 processing fee due in full, billed and payable through your FACTS account.

**Register after May 31:** Full tuition plus an additional \$50 fee must be paid via check or money order.

**External Students (Non-enrolling/No PCS FACTS Tuition Account) Registration Deadlines:**

**Register by April 15:** Full tuition due in full by check or money order.

**Register after April 15:** Full tuition plus an additional \$50 processing fee due in full by check or money order.

To participate in this program, all financial obligations to PCS must be current. (This includes not only indebtedness for 2021 – 2022, but also tuition for the 2022 – 2023 school year).

Fee Schedule				
BYH Fun in the Sun Camp		Weeks	BYH Schedule	Weekly Fee
Full Day BYH Camp		1-4, 6 & 7	7 am – 6 pm	\$395
Full Day BYH Camp (Closed July 4 & 5)		5	7 am – 6 pm	\$240
Full Day BYH Camp (Closed July 30)		8	7 am – 6 pm	\$320
BYH Extended Care Options for PCS Sports Camp				
Sports Camp Participants		Weeks	BYH Schedule	Weekly Fee
5-Day Extended Care		1 - 3	7 am – 8 am / 11 am – 6 pm	\$225
Late Pick-up Fee		For students not picked up by 6 pm		\$1.00 per minute/per child
Internal PCS Students - Late pick-up fines will be billed to your family account				
External Students - Late pick-up fines are due at pick up in the form of cash				

**Payments:**

- Internal families - payments will be reflected on your family account. All summer camp payments must be completed by June 10, 2021. There is no additional grace period.
- External families – summer camp fee due in full at time of registration in form of check or money order.
- Families will be charged a \$50 fee for returned checks.
- More than one returned check may result in the dismissal of your child(ren) from further participation in the program.

**If you are purchasing an extra t-shirt:** The extra t-shirt order deadline is April 15.

**Changes/Cancellations:**

*All requests for cancellations and changes must be submitted in writing to BYH by April 15.*

**On/Before April 15:** Cancellations and schedule changes may be submitted and will result in a **credit** on your family account. No cash refunds will be issued for cancellations or reductions in care.

**After April 15:** No refunds for cancellations or reductions in care. No fee adjustments will be made for cancellations or reductions in care.

- No reduction in charges will be made for time missed (i.e. lost time due to illness).
- Additional payments will be required for increases in care.

# 2022 BYH Fun in the Sun Camp

## Pasadena Christian School

For students entering 1st thru 8<sup>th</sup> grade

Student Name: \_\_\_\_\_ Grade (2022 – 2023) \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

Email - Mother: \_\_\_\_\_ Father: \_\_\_\_\_

Phone - Mother: \_\_\_\_\_ Father: \_\_\_\_\_

PLEASE SUBMIT REGISTRATION FORM, EMERGENCY RELEASE, BEHAVIOR CONTRACT, OTHER FORMS, AND PAYMENT (Non-PCS Families), or PAYMENT OPTION (PCS Families)

### Programs Offered Week 1-3: BYH 5-Day Full-Time or Afternoon Add-On

Please check all applicable programs:

Week 1	Dates: June 6 - 10		Total
BYH Full Time Program (5 Days)	<input type="checkbox"/>	BYH 5 Day F/T (\$395)	_____
BYH Afternoon Add-On	OPEN TO Sports Camp participants	<input type="checkbox"/>	BYH 5 Day PM (\$225)
		SUBTOTAL WK 1	_____
Week 2	Dates: June 13 - 17		Total
BYH Full Time Program (5 Days)	<input type="checkbox"/>	BYH 5 Day F/T (\$395)	_____
BYH Afternoon Add-On	OPEN TO Sports Camp participants	<input type="checkbox"/>	BYH 5 Day PM (\$225)
		SUBTOTAL WK 2	_____
Week 3	Dates: June 20 - June 24		Total
BYH Full Time Program (5 Days)	<input type="checkbox"/>	BYH 5 Day F/T (\$395)	_____
BYH Afternoon Add-On	OPEN TO Sports Camp participants	<input type="checkbox"/>	BYH 5 Day PM (\$225)
		SUBTOTAL WK 3	_____

### Programs Offered Weeks 4 - 8: BYH Full-Time

Week 4	Dates: June 27 - July 1		Total
BYH Full Time Program (5 Days)	<input type="checkbox"/>	BYH 5 Day F/T (\$395)	_____
		SUBTOTAL WK 4	_____
Week 5	Dates: July 6 - 8 (closed Monday & Tuesday)		Total
BYH Full Time Program (3 Days)	<input type="checkbox"/>	BYH 3 Day F/T (\$240)	_____
		SUBTOTAL WK 5	_____
Week 6	Dates: July 11 - 15		Total
BYH Full Time Program (5 Days)	<input type="checkbox"/>	BYH 5 Day F/T (\$395)	_____
		SUBTOTAL WK 6	_____
Week 7	Dates: July 18 - 22		Total
BYH Full Time Program (5 Days)	<input type="checkbox"/>	BYH 5 Day F/T (\$395)	_____
		SUBTOTAL WK 7	_____
Week 8	Dates: July 25 - 28 (closed Friday)		Total
BYH Full Time Program (4 Days)	<input type="checkbox"/>	BYH 4 Day F/T (\$320)	_____
		SUBTOTAL WK 8	_____

Please circle size of T-Shirt needed (All Campers Receive 1 T-shirt; Additional T-Shirts Available for Purchase):

Youth Small Youth Medium Youth Large Adult Small Adult Medium Adult Large Adult Extra Large

Additional Shirts @ \$12

\$50 Processing Fee for registrations submitted AFTER April 15

GRAND TOTAL

Child's Name: \_\_\_\_\_

Grand Total \$ \_\_\_\_\_

**PLEASE SELECT A PAYMENT OPTION:**

**Returning PCS Students with current PCS FACTS Tuition Account**

**By March 11, 2022:**

- ☐ TWO INSTALLMENTS: Account will be billed in 2 equal installments on 4/1 and 5/1

---

**Returning & Newly enrolled PCS Students with 2022-2023 PCS FACTS Tuition Account**

**By April 1, 2022**

- ☐ Half billed to account now and due upon receipt; half billed to account in May

**After April 15, 2022**

- ☐ Full payment + \$50 processing fee billed to account now and due upon receipt

---

**Non-Returning PCS Students with an existing 2022-2023 PCS FACTS Tuition Account**

**By March 11, 2022**

- ☐ Account will be billed in 2 equal installments on 4/1 and 5/1

**By April 1, 2022**

- ☐ Half billed to account and due upon receipt; half billed to account on 5/1

**After April 15, 2022**

- ☐ Full payment + \$50 processing fee billed and due upon receipt

**After May 31, 2021**

- ☐ Full payment + \$50 processing fee must be paid via check or money order

---

**External Students (Non-enrolling/No PCS FACTS Tuition Account)**

- ☐ Payment due in full **by check or money order (+\$50 processing fee after April 15, 2022).**

**ACKNOWLEDGMENT OF TERMS & CONDITIONS**

I have read and agree to the terms and conditions of enrollment in the summer program at Pasadena Christian School as contained in this agreement. I understand that there will be no refunds offered after April 19, 2021.

---

**Signature of Primary Payor**

---

**Date**



# 2022 Pasadena Christian Summer Program Emergency/Disaster/Photo Release Form

*This Emergency Form goes with paramedics in case of an emergency and assists staff when providing medical assistance.*

Grade (2022 – 2023) \_\_\_\_\_

Student's Name \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
(last) (first)

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Email address \_\_\_\_\_

## ALLERGIES/MEDICAL INFORMATION

Physician \_\_\_\_\_ Physician Phone \_\_\_\_\_ Blood Type \_\_\_\_\_

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Asthma              | <input type="checkbox"/> Bee Allergy    | <input type="checkbox"/> Dairy Products | <input type="checkbox"/> <b>Uses Epipen</b> |
| <input type="checkbox"/> Uses nebulizer      | <input type="checkbox"/> Peanut Allergy | <input type="checkbox"/> Fish/Shellfish | <input type="checkbox"/> Contacts/glasses   |
| <input type="checkbox"/> <b>Uses inhaler</b> | <input type="checkbox"/> Other Nuts     | <input type="checkbox"/> Wheat Products |   |

Other Conditions or Allergies: \_\_\_\_\_

Daily Medications: (This is very important in the event that emergency medical services are required.)

Please give us as much detailed information you believe we need to know about your child's health.

Father \_\_\_\_\_ Mother \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

## PICK-UP/EMERGENCY CONTACTS

- List the names of TWO alternates to whom your child may be released if the school is unable to contact the parents. They should be locally available and able to transport the child.
- In case of accident, illness, earthquake or other disaster, I authorize Pasadena Christian School to release my child to the following adults if the school is unable to contact me.
- I understand that the school may be unable to contact me to tell me that my child has been released to one of the persons listed below.
- I agree to notify these people as to their responsibility to act in this capacity.

Pasadena Christian School 1515 N. Los Robles Avenue, Pasadena, CA 91104 626.791.1214



I release Pasadena Christian School and its agents and employees from all liability which may attend, release or non-release of my child in accordance with this authorization.

**Please list in order of preference:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

**Student will only be released to alternates you have listed. If a change of alternate is desired, please notify the office in writing.**

**PHOTO CONSENT:** Pasadena Christian School (PCS) may use photographs of students in various publications or on our website. PCS reserves the right to copyright all group photographs in which your child(ren) may appear. PLEASE INITIAL: I GIVE MY CONSENT \_\_\_\_\_ I DO NOT GIVE MY CONSENT \_\_\_\_\_

**INFORMED CONSENT AND EMERGENCY TREATMENT AUTHORIZATION**

I/We give permission for my/our child to participate in the 2022 Summer Programs at Pasadena Christian School.

In addition to giving my full consent for my child's participation, I do hereby waive, release and hold harmless Pasadena Christian School, its officers, coaches, sponsors, supervisors and representatives for any injury that may be suffered by my child in the normal course of participation in the camp and the activities incidental thereto, whether the result of negligence or any other cause.

If parent or family doctor cannot be contacted and an emergency exists, the undersigned parent or guardian authorizes a representative of the PASADENA CHRISTIAN SCHOOL to consent to any x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care deemed advisable and rendered by any licensed physician or surgeon, whether in his office or in a licensed hospital. This authorization is given in advance of any required care to empower a representative or official of the school to give consent for such treatment as the physician may deem advisable. **Signature of both parents needed.**

\_\_\_\_\_  
Signature of (mother) or (female guardian) Date \_\_\_\_\_ Emergency Phone \_\_\_\_\_

\_\_\_\_\_  
Signature of (father) or (male guardian) Date \_\_\_\_\_ Emergency Phone \_\_\_\_\_



# PASADENA CHRISTIAN SCHOOL SUMMER CAMP ADMINISTRATION OF MEDICATION FORM Summer 2022

Name of Student \_\_\_\_\_ Birth date \_\_\_\_\_

**TO THE PARENT OR GUARDIAN:** To protect all children and to conform with State Education Code (49423), no child may bring any medication (prescription or non prescription) to school. If your child needs medication for a few days or over an extended period of time and it must be given during camp hours, you must have your physician complete this form. Medication, whether prescription or non prescription, **must accompany** this form and be delivered by a parent or guardian to PCS in the original labeled container. Please note that this applies to non prescription drugs as well. **Our staff will NOT dispense over-the-counter pain medication (i.e. Tylenol or Advil), cough drops, etc., unless we are instructed by your physician in writing and this form is signed by BOTH the physician and the parent.**

**TO THE PHYSICIAN:** Please complete and sign this form:

- 1) If medication prescribed for a school-aged child must be given to prevent serious physical or behavioral problems; or
- 2) If over-the-counter medicines such as Tylenol, Advil, cough drops, etc. are requested by parents to administer to their child during camp hours, it is a request and guide to authorized camp personnel to assist the child with the medication.
- 3) Please mark in the circles listed if the named child requires these items. Camp personnel will administer based on prescription or package instructions and student's age/weight (quantity / frequency).

<input type="checkbox"/> Antacids / Stomach Medication (Alka Seltzer/Pepto Bismol/Tums)	<input type="checkbox"/> Lip Products (chap stick, cold sore medication)
<input type="checkbox"/> Antibiotic ointment	<input type="checkbox"/> Advil/Motrin (or generic)
<input type="checkbox"/> Benadryl	<input type="checkbox"/> Tylenol (or generic)
<input type="checkbox"/> Bug Repellent	<input type="checkbox"/> Dayquil
<input type="checkbox"/> Cortisone/Itch Cream	<input type="checkbox"/> Petroleum jelly
<input type="checkbox"/> Cough Syrup/Cough Drops	<input type="checkbox"/> Sunscreen
<input type="checkbox"/> Eye drops	<input type="checkbox"/> Allegra/Claritin (or generic)

Prescription medications:

<u>Name of Medication</u>	<u>Form</u>	<u>Purpose</u>	<u>Amt to be taken</u>	<u>Time of day</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**This patient may carry their inhaler on them during the camp day.** ☐ YES ☐ NO

Any special instruction, precautions or possible side effects:

How long will this medication be necessary?

Signature of Physician \_\_\_\_\_ Date: \_\_\_\_\_

Print Name of Physician \_\_\_\_\_ Phone: \_\_\_\_\_

**TO THE PARENT OR GUARDIAN: PLEASE SIGN THE FOLLOWING STATEMENT:**

I request that PCS staff assist my child in taking the prescribed medication as directed above and in accordance with camp policy.

Signature of parent or guardian: \_\_\_\_\_ Date \_\_\_\_\_



# Permission To Apply Sunscreen

(Name of Child)

---

As the parent or guardian of the above named child, I recognize that too much sunlight may increase my child's risk of getting skin cancer someday. Therefore, I give my permission for personnel at BYH to apply a sunscreen product of SPF-15 or higher to my child, as specified below, I understand that sunscreen may be applied to exposed skin, including but not limited to the face, tops of the ears, nose, bare shoulders, arms, and legs.

I have checked all applicable information regarding the type and use of sunscreen for my child:

- ☐ I do not know of any allergies my child has to sunscreen.
- ☐ Staff may use the sunscreen of their choice following the directions or recommendations printed on the bottle.
- ☐ I have provided the following brand/type of sunscreen for use on my child:

- 
- ☐ My child is allergic to some sunscreens. Please use only the following brand(s) and type(s) of sunscreen:

- 
- ☐ For medical or other reasons, please do not apply sunscreen to the following areas of my child's body:

Parent/Guardian full name (print): \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

**BYH Fun in the Sun Camp requests each family to donate one bottle or one two-pack of bottles of Target Up & Up Children's Sunscreen Spray to share at camp.**

**Thank you so much!**



*Pasadena Christian School*

# **2022 BYH Fun in the Sun Camp Behavior Contract**

It is our goal to ensure that your summer camp experience at BYH is a fun and meaningful one. To help achieve this goal, we have established a set of rules to help ensure your fun and safety and that of the other campers and staff. Please read over the rules and then sign the bottom indicating that you understand these rules and the potential consequences for misbehavior.

## **Rules:**

- ❖ Children will follow the instructions of BYH staff members at all times.
- ❖ Children will show respect to all staff, visitors, and other campers.
- ❖ There will be no name calling, teasing, or rude language or behavior – only positive dialogue will be allowed.
- ❖ There will be no physical contact between members of camp.
  - This includes hitting, kicking, slapping, carrying on back or shoulders, etc.
  - There will be no threats of physical contact or bodily harm.
- ❖ Possessions will only be handled by their owners.
- ❖ All personal belongings will remain at home with the exception of lunches, changes of clothes, swimming attire, towels, sun block, flip flops or water shoes.
- ❖ No cell phones or personal electronics are allowed at camp except on designated special days. If phone contact is necessary between child and parent, the BYH phone may be used.



*Pasadena Christian School*

# **2022 BYH Fun in the Sun Camp**

## **Disciplinary Actions**

BYH staff members will practice positive reinforcement and remain professional when executing disciplinary actions.

Level One: Verbal Warning

Level Two: Time Out

Level Three: Loss of privileges

Level Four: Sent home

Depending on the gravity of the offense, the parents will be informed of poor behavior by phone call, e-mail, or a discussion with staff in charge at the end of the day.

If the situation continues without improvement, expulsion will be the ultimate and final action. Refunds will not be issued in the event of expulsion.

By signing this form, you, as the parent or guardian, agree to and understand the disciplinary actions that will be enforced at all times during the summer camp program.

---

Camper's Signature

---

Date

---

Parents/Guardian Signature

---

Date