



*Pasadena Christian School*

# **2023 BYH Fun in the Sun Camp**

*For students entering 1<sup>st</sup> grade thru 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> grade 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 5 – July 27, 2023* \*Closed July 3<sup>rd</sup> & 4<sup>th</sup> and July 28<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 April 1<sup>st</sup>. All lunch orders will be due no later than June 1<sup>st</sup>. There will be no changes or adds to the lunch menu after June 1<sup>st</sup> and no emergency lunches available during the summer. Remember that Wednesday is a field trip day for Weeks 2-4, 6, and 7 so your child will not need hot lunch on those days (June 14, 21, 28, and July 12, 19, & 26). We are doing a special pizza lunch on the last day of camp so hot lunch is not needed on that day either (July 27). Again, credits and lunch changes are not possible with the summer lunch program so plan accordingly.

**On Campus Activities:** Water play, chapel, arts & crafts, games, drama, cooking, music, sports, and team building games.

**End of Week Events:** Fabulous end of week activities and companies coming to visit like Hoopitup!, Mad Science, Dinosaurs Rock, fun messy games, and our fabulous end of summer Glow Day!



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

**Field Trips:** **Campers must be scheduled for the full week of summer program activities to participate in field trips.** Register for any or all 8 weeks to participate in our field trips and off-site activities. Spaces on some field trips may be limited. Every effort will be made to have a field trip space for children registered by April 15. Space is not guaranteed on a field trip for registrations received after April 15. A waiting list will be maintained.

***Field Trip schedule subject to change due to availability – we will be on campus Weeks #1 and 5.***

## 2023 FIELD TRIP SCHEDULE

Week	Wednesday Field Trip <i>For 1<sup>st</sup> - 8<sup>th</sup> Grade</i>	
<b>Week #1</b> June 5-June 9	<b>ALL ON CAMPUS WEEK</b>	  
<b>Week #2</b> June 12-June 16	John's Incredible Pizza	 
<b>Week #3</b> June 19-June 23	Santa Anita Mall Movie - Elemental, Lunch, Shopping	
<b>Week #4</b> June 26-June 30	Medieval Times	
<b>Week #5</b> July 5-7* <i>*No Camp on 7/3 and 7/4</i>	On Campus "Camping" Pajama Party	
<b>Week #6</b> July 10-14	Santa Anita Mall Jump 'n Jammin (1 <sup>st</sup> & 2 <sup>nd</sup> ) Bowlero (3 <sup>rd</sup> -8 <sup>th</sup> ) / Lunch, & Shopping	 

<b>Week #7</b> <b>July 17-21</b>	Lost Worlds Laser Tag	
<b>Week #8</b> <b>July 24 – 27*</b> <i>*No Camp on 7/28</i>	Knott's Berry Farm	

### 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 via 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.

**Note:** Field trips may already be at capacity. Available spots will be filled on a first come first served basis.

**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 2022 – 2023, but also tuition for the 2023 – 2024 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	\$425
Full Day BYH Camp (closed July 3 & 4)	5	7 am – 6 pm	\$255
Full Day BYH Camp (closed July 28)	8	7 am – 6 pm	\$340
BYH Extended Care Options for PCS Summer Programs			
Sports Camp Participants	Weeks	BYH Schedule	Weekly Fee
5-Day Extended Care (no field trip option)	1 - 3	7 am – 8 am / 11 am – 6 pm	\$250
Stepping Up Summer School Participants	Weeks	BYH Schedule	Weekly Fee
4-Day Extended Care (no field trip option)	1 – 4 & 6	7 am – 9 am / 12 pm – 6 pm (MTTHF)	\$225
4-Day Extended Care & Wednesday field trip	1 – 4 & 6	7 am – 9 am / 12 pm – 6 pm (MTTHF) 7 am – 6 pm (Wednesday)	\$300
2-Day Extended Care (no field trip option)	5	7 am – 9 am / 12 pm – 6 pm (THF)	\$112.50
2-Day Extended Care & Wednesday on campus	5	7 am – 9 am / 12 pm – 6 pm (THF) 7 am – 6 pm (Wednesday)	\$187.50

**Daily and half day care only available to current PCS Students if space is available.**

**Call at least one week ahead to verify space for care.**

*Drop In Full Day	7 am – 6 pm	\$100
*Drop In Part Day	12 pm – 6 pm	\$50
Early/Late Carline Fee	Fee applicable if student must be checked into BYH; Additional fees may be applied.	\$10.00/child
Late Pick-up Fee	For students not picked up by 6 pm	\$1.00 per minute/per child

**Non-PCS students – Late pick-up fines are due at pick up in the form of cash.**

**PCS students - Drop-in charges & Late Pick-up fines will be billed to your family account. These charges will appear on your July or August statement and are due the first of the following month.**

**\*Note: Drop-In Students will not be allowed on any off-site activities due to scheduling requirements**

#### Payments:

- Internal families - payments will be reflected on your family account. All summer camp payments must be completed by June 10, 2023. 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 current year camp t-shirt is **mandatory** dress code for off-site field trip days. **The extra t-shirt order deadline is April 15 and the t-shirt price is \$15.**

#### Changes/Cancellations:

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

**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.

Pasadena Christian School 1515 N. Los Robles Avenue, Pasadena, CA 91104 626.791.3515

# 2023 BYH Fun in the Sun Camp

## Pasadena Christian School

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

Student Name: \_\_\_\_\_ Grade (2023 – 2024) \_\_\_\_\_ Date: \_\_\_\_\_

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

Address \_\_\_\_\_

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

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

PLEASE SUBMIT REGISTRATION FORM, EMERGENCY RELEASE, BEHAVIOR CONTRACT, OTHER FORMS, OPTIONAL EXTRA T-SHIRT PAYMENT AND PAYMENT OPTION

Programs Offered Week 1-3: BYH 5-Day Full-Time, Afternoon Add-On for Sports Camp, or Add-Ons for Stepping Up academic program

Programs Offered Weeks 4-6: BYH 5-Day Full-Time and Add-Ons for Stepping Up academic program

Programs Offered Weeks 7 & 8: BYH 5-Day Full-Time

Please check all applicable programs:

				Total
<b>Week 1</b>	<b>Dates: June 5 - 9</b>			
BYH Full Time Program (5 Days)		<input type="checkbox"/> BYH 5 Day F/T (\$425)		
BYH Afternoon Add-On	OPEN TO: Sports Camp attendees	<input type="checkbox"/> BYH 5 Day PM (\$250)		
BYH Afternoons & Wed	OPEN TO: Stepping Up attendees	<input type="checkbox"/> BYH 4 partial days (\$225)	<input type="checkbox"/> BYH 4 partial days and 1 full day (\$300)	
SUBTOTAL WK 1				
<b>Week 2</b>	<b>Dates: June 12 - 16</b>			
BYH Full Time Program (5 Days)		<input type="checkbox"/> BYH 5 Day F/T (\$425)		
BYH Afternoon Add-On	OPEN TO: Sports Camp attendees	<input type="checkbox"/> BYH 5 Day PM (\$250)		
BYH Afternoons & Wed	OPEN TO: Stepping Up attendees	<input type="checkbox"/> BYH 4 partial days (\$225)	<input type="checkbox"/> BYH 4 partial days and 1 full day (\$300)	
SUBTOTAL WK 2				
<b>Week 3</b>	<b>Dates: June 19 - June 23</b>			
BYH Full Time Program (5 Days)		<input type="checkbox"/> BYH 5 Day F/T (\$425)		
BYH Afternoon Add-On	OPEN TO: Sports Camp attendees	<input type="checkbox"/> BYH 5 Day PM (\$250)		
BYH Afternoons & Wed	OPEN TO: Stepping Up attendees	<input type="checkbox"/> BYH 4 partial days (\$225)	<input type="checkbox"/> BYH 4 partial days and 1 full day (\$300)	
SUBTOTAL WK 3				
<b>Week 4</b>	<b>Dates: June 26 - June 30</b>			
BYH Full Time Program (5 Days)		<input type="checkbox"/> BYH 5 Day F/T (\$425)		
BYH Afternoons & Wed	OPEN TO: Stepping Up attendees	<input type="checkbox"/> BYH 4 partial days (\$225)	<input type="checkbox"/> BYH 4 partial days and 1 full day (\$300)	
SUBTOTAL WK 4				
<b>Week 5</b>	<b>Dates: July 5 - 7 (closed Monday &amp; Tuesday)</b>			
BYH Full Time Program (3 Days)		<input type="checkbox"/> BYH 3 Day F/T (\$255)		
BYH Afternoons	OPEN TO: Stepping Up attendees	<input type="checkbox"/> BYH 2 partial days (\$112.50)	<input type="checkbox"/> BYH 2 partial days and 1 full day (\$187.50)	
SUBTOTAL WK 5				
<b>Week 6</b>	<b>Dates: July 10 - 14</b>			
BYH Full Time Program (5 Days)		<input type="checkbox"/> BYH 5 Day F/T (\$425)		
BYH Afternoons & Wed	OPEN TO: Stepping Up attendees	<input type="checkbox"/> BYH 4 partial days (\$225)	<input type="checkbox"/> BYH 4 partial days and 1 full day (\$300)	
SUBTOTAL WK 6				
<b>Week 7</b>	<b>Dates: July 17 - 21</b>			
BYH Full Time Program (5 Days)		<input type="checkbox"/> BYH 5 Day F/T (\$425)		
SUBTOTAL WK 7				
<b>Week 8</b>	<b>Dates: July 24 - 27 (closed Friday)</b>			
BYH Full Time Program (4 Days)		<input type="checkbox"/> BYH 4 Day F/T (\$340)		
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			
\$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 10, 2023:**

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

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**Returning & Newly enrolled PCS Students with 2023-2024 PCS FACTS Tuition Account**

**By April 1, 2023**

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

**After April 15, 2023**

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

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

**By March 10, 2023**

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

**By April 1, 2023**

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

**After April 15, 2023**

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

**After May 31, 2023**

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

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

- ☐ Payment due in full **by check or money order (+\$50 processing fee after April 15, 2023).**

**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 15, 2023.

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**Signature of Primary Payor**

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**Date**





# 2023 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 (2023 – 2024) \_\_\_\_\_

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 2023 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 2023

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*

# **2023 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*

# **2023 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.

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Camper's Signature

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Date

---

Parents/Guardian Signature

---

Date