

PASADENA CHRISTIAN SCHOOL KINDER CAMP

For students entering Kindergarten or Elementary TK in the fall of 2024


Kinder Camp + Extended Day: 7:00am — 6:00pm

Kinder Camp: 9:00am — 3:00pm

WHAT IS KINDER CAMP?

Our Kinder Camp program is designed to help students transition from the wonderful world of preschool to their exciting new adventure in elementary school. Kinder Camp helps students build confidence as they enjoy the “big” campus, establish elementary skills and routines, and develop new friendships. Students entering PCS TK or Kindergarten (or any other elementary program!) are highly encouraged to attend at least one session of Kinder Camp as it greatly assists in their transition to elementary school.

PROGRAM OUTLINE

Our Kinder themed program is engaging and fun! Our morning is a structured learning time while our afternoon is pure summer enjoyment! Each day, students will participate in circle time, learning centers, recess, art activities, music  movement, Bible lessons, outdoor play, and so much more!

7:00 — 9:00 Morning Care

9:00 — 12:00 Literacy, Math,  More

12:00 — 3:00 Camp Activities

3:00 — 6:00 Extended Care



EXPLORE, LEARN, PLAY & GROW WITH US AT



Due to the nature of this program, Kinder Camp is only available in 4-week sessions. There is a 7-week pro-rated option for families who would like their student to attend both sessions but desire 1 week of vacation leave.

2024 KINDER CAMP REGISTRATION FORM

Terms and Conditions

REGISTRATION

To enroll your child, submit your registration form per the deadlines stated below. Registration forms may be emailed, mailed, dropped off at the preschool office, or left in the collection box in the front office. Please label all correspondence Attn: PRESCHOOL.

REGISTRATION DEADLINES –

NOTE: Currently enrolled PCS students will be guaranteed placement through March 15th. Placement is based on program availability and registrations will be processed based on availability and in the order they are received.

Register by March 15: Your tuition account will be billed in either 1 installment (April) or 2 installments (April and May).

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

Non-returning students/Registrations received after April 15: Full tuition + \$50 processing fee must be paid via check or money order.

External Students: Payment due in full at time of registration by check or money order (+\$50 processing fee after April 15th, 2024)

CANCELLATIONS AND REFUNDS

All cancellations must be submitted in writing to the preschool office.

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

After April 15: No refunds for cancellations or reduction 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.

SCHEDULE CHANGES

Once registration forms have been submitted, schedules may be altered one time at no additional cost. A fee of \$50 will be charged to your account for each subsequent change thereafter.

RETURNED CHECKS

A fee of \$50 will be charged to your account for returned checks. More than one returned check may result in the dismissal of your child(ren) from Pasadena Christian School.

If you are purchasing an extra t-shirt: payment for the extra t-shirt fee must be made at the time of registration. Extra T-shirt fees will not be billed to your account. ***Extra T-shirt Order Deadline: April 15***

Late Pick-up Fines: **In the event of a late pickup, you will be billed \$10.00 plus \$1 per minute past 3:00 PM for HALF-DAY Students and \$20 plus \$2 per minute past 6:00 PM for FULL-DAY Students. Half-Day Students who stay past 3:20 PM will be billed the current afternoon rate and can then stay until 6:00 PM. Out of courtesy and consideration for our teachers, please phone ahead and inform us of your delay.**

****To participate in this program, all financial obligations to PCS must be current.****

2024 KINDER CAMP REGISTRATION FORM

PLEASE SUBMIT ASAP AS YOUR SPACE CAN ONLY BE GUARANTEED THROUGH MARCH 10th.

Student Name _____ Birthdate _____ Gender M / F

Grade in Fall 2024 (Circle): TK / K School in Fall 2024: _____

☐ Father ☐ Male Guardian Name: _____

Address: _____

Cell _____ Work: _____ Email _____

☐ Mother ☐ Female Guardian Name: _____

☐ Same Address or ☐ Other _____

Cell _____ Work: _____ Email _____

Each child will receive one summer camp t-shirt. **Please circle the size of t-shirt needed.**

T-Shirt Sizes: 4 5 YS (6-8) YM (10-12) Number of **additional** T-shirts _____ X \$12 = _____

PROGRAM OPTIONS

SESSIONS 1 AND 2: June 10th – August 1st, 2024 *No Camp July 4th & 5th; Last day of camp is Thurs, Aug. 1st

☐ Kinder Camp: 9:00 am – 3:00 pm **\$2775**

☐ Kinder Camp + Extended Care: 7:00 – 6:00 **\$3700**

SESSIONS 1 & 2 WITH ONE WEEK VACATION OPTION *VACATION WEEK: _____ - _____

*This option requires your child to take 5 consecutive days (M-F) off. For staffing purposes, please indicate your planned vacation dates on this form.

☐ Kinder Camp: 9:00 am – 3:00 pm **\$2400**

☐ Kinder Camp + Extended Care: 7:00 – 6:00 **\$3200**

SESSION 1 ONLY: June 10th – July 3rd, 2024

☐ Kinder Camp: 9:00 am – 3:00 pm **\$1350**

☐ Kinder Camp + Extended Care: 7:00 – 6:00 **\$1800**

SESSION 2 ONLY: July 8th – August 1st, 2024 *No Camp July 3rd & 4th; Last day of camp is Thursday, July 27th

☐ Kinder Camp: 9:00 am – 3:00 pm **\$1425**

☐ Kinder Camp + Extended Care: 7:00 – 6:00 **\$1900**

+\$50 processing fee for registrations submitted AFTER April 15 = _____

2024 KINDER CAMP REGISTRATION FORM

GRAND TOTAL \$

Student Name _____

PLEASE SELECT A PAYMENT OPTION:

Returning & Newly enrolled PCS Students with a 2024-2025 PCS FACTS Tuition Account

By March 15, 2024:

- ☐ ONE INSTALLMENT: Account will be billed in Full in April
- ☐ TWO INSTALLMENTS: Account will be billed in 2 equal installments in April and May

After April 15, 2024:

- ☐ ONE INSTALLMENT: Account will be billed in full upon receipt of application + a \$50 processing fee. The amount will be due as soon as it is billed.

Non-Returning PCS Students with an existing 2023-2024 FACTS Tuition Account:

By March 15, 2024

- ☐ ONE INSTALLMENT: Account will be billed in Full in April
- ☐ TWO INSTALLMENTS: Account will be billed in 2 equal installments in April and May

After April 15, 2024

- ☐ 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, 2024)**

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, 2024.

Signature of Primary Payor

Date



2024 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/Age (2024-2025) _____ School in 2024-2025: _____

Student's Name _____ Birth Date ____/____/____

Address _____

Home Phone _____ Email address _____

ALLERGIES/MEDICAL INFORMATION

Physician _____ Physician's Phone _____ Blood Type _____

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Bee Allergy | <input type="checkbox"/> Dairy Products | <input type="checkbox"/> Uses EpiPen |
| <input type="checkbox"/> Uses nebulizer | <input type="checkbox"/> Peanut Allergy | <input type="checkbox"/> Fish/Shellfish | <input type="checkbox"/> Contacts/glasses |
| <input type="checkbox"/> Uses inhaler | <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 _____

Students will only be released to the 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 2024 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.

I understand that there will be two optional fieldtrips offered throughout the summer. Field trip attendance requires a field trip permission form on file. I believe that the necessary precautions and plans for the care and supervision of the children during any trip will be taken. We release the school from any liability in the case of any accident which may occur.

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 _____

Administration of Sunscreen, Lotion, & First Aid Medication Form

Duration: June 10th – August 1st, 2024



Name of Student: _____ Birthdate: _____ Room # _____

California state licensing mandates that all non-prescription/over-the-counter medications (including, but not limited to, lotions, ointments, liquids, tablets, pills, etc.) to be issued or applied at school be accompanied by a signed permission form. **If your child requires another non-prescription and/or prescription medication other than what is listed below, please request an "Administration of Medication Form" from the preschool office.**

Instructions:

ALL non-prescription medications, lotions, creams, ointments, pills, tablets, etc. **MUST be NEW in the SEALED, original, labeled container and brought in a ziplock bag, labeled with your child's full name, birthdate and room number. Medication may not expire before the end of the summer program.**

If you would like our staff to apply or dispense any of the listed items below, please complete, sign, and return this form. All medications will be applied according to the manufacturer's instructions printed on the label.

FIRST AID MEDICATION – In the event of a minor first aid incident, I authorize the staff of Pasadena Christian Preschool to apply the following **school-issued** ointments if deemed appropriate/necessary by the attending staff member. These will be applied according to the manufacturer's instructions.

- | | |
|---|---|
| <input type="checkbox"/> Soap and Water Only | <input type="checkbox"/> Antiseptic Towelette (Benzylkonium Chloride) |
| <input type="checkbox"/> Triple Antibiotic Ointment
(Bacitracin Zinc 400; Neomycin Sulfate 5mg) | <input type="checkbox"/> Sting Relief Insect Bite Antiseptic & Pain Reliever
(Ethyl Alcohol 50%/Lidocaine HCl 2%) |
| | <input type="checkbox"/> Anti-Itch Cream - itchy insect bites (1% Hydrocortisone) |

Specific Instructions (if any): _____

SUNSCREEN/LOTION – I authorize the staff of Pasadena Christian Preschool to apply sunscreen to my child if deemed advisable or appropriate or according to my specific written instructions below.

- | | |
|--|--|
| <input type="checkbox"/> School Issued Sunscreen (<i>Banana Boat 50+</i>) | <input type="checkbox"/> Parent Issued Sunscreen |
| <input type="checkbox"/> School Issued Lotion (<i>Aveeno Daily Moisturizing</i>) | <input type="checkbox"/> Parent Issued Lotion |
| <input type="checkbox"/> I do NOT authorize the school to administer sunscreen or lotion. | |

Specific Instructions (if any): _____

DIAPERING – I authorize the staff of Pasadena Christian Preschool to apply the following ointments if deemed appropriate/necessary by the attending staff member, and/or per my written instructions.

- | | |
|--|--|
| <input type="checkbox"/> School Issued Diaper Rash Cream | <input type="checkbox"/> Parent Issued Diaper Rash Cream |
| Specific Instructions (if any): _____ | <input type="checkbox"/> Not Applicable |

If your child requires any other non-prescription or prescription medication, please complete an Administration of Non-Prescription Medication Form or Administration of Prescription Medication Form available through the preschool office.

I request that the school assist my child in taking/applying the above referenced medication.

Signature of Parent: _____ Date: _____

Printed Name of Parent: _____