



Camp Clarita Enrollment Agreement

Each number must be initialed (not checked) in order for your child to participate.



Camper's Name _____ Camp Program _____

1. I acknowledge that I have reviewed the Camp Clarita Parent Handbook and agree to adhere to the policies and procedures outlined. I have also reviewed this pertinent information with my child so they can follow the guidelines as well.
Initial _____
2. I understand that my child must adhere to the Discipline Policy outlined in the Parent Handbook. If my child fails to meet behavioral expectations, they may be temporarily or permanently suspended from the program without refund.
Initial _____
3. I understand that registration for each program closes the Wednesday prior to the start of the week or session at 5:00 p.m. Enrollments will not be accepted after this time.
Initial _____
4. If I participate in the payment plan, I understand that I am responsible for payment for the weeks I have signed up for. My credit card/debit card will be charged on the dates outlined in the Parent Handbook as well as on the payment section of the Registration Form. The balance must be received no later than two weeks prior to the start of the week or my deposit will be forfeited and my child's spot will be made available to others. **The deposit is non-refundable and non-transferable.**
Initial _____
5. I understand that all requests for refunds, transfers, or addition of weeks/sessions must be submitted in writing to the Camp Clarita office by completing a Change Form at least **10 business days** prior to the start of the week. For each week refunded, a **\$30 charge per child, per week** is withheld regardless of reason for refund. No refunds will be issued after this deadline.
Initial _____
6. I understand there are no make-ups for days missed at camp for any reason and my child may not attend camp on days they are not signed up for. Prorated refunds are not issued for campers who do not attend field trips and admission tickets are not distributed.
Initial _____
7. I understand the illness policy and will refrain from sending my child to camp when they are sick.
Initial _____
8. I understand that all medication must be checked in with the site Director and a Medication Consent form must be completed.
Initial _____
9. I understand that I must sign my child in and out of Camp Clarita daily. I must also be prepared to show photo identification in order to pick up my child.
Initial _____
10. I understand that only authorized people listed on the Health History form will be allowed to pick-up my child from camp. Should I wish to have my child released to another adult, I will send written authorization and they will be required to show photo identification.
Initial _____
11. I understand that camp hours are from 7:00 a.m. – 6:00 p.m. for Ranger, Explorer and Voyager, 9:00 a.m. – 12:30 p.m. for Wee Folks, and 9:00 a.m. – 1:00 p.m. for Little Folks. If I pick my child up after camp closes, I will be required to pay \$5/child for each 15-minute increment, or portion thereof, in which I am late. Payment is due and made payable by check the day I am late. On the third offense, my child will be suspended from the program until arrangements can be made to ensure they are picked up on time.
Initial _____
12. I understand that my child will be participating in many types of activities (i.e. field trips, water play, swimming, playground structures, etc.). I hereby authorize my child to participate in these activities.
Initial _____
13. I understand that my child will be required to wear their Camp Clarita T-shirt daily (except Voyager). If my child arrives to camp without a Camp Clarita T-shirt, they will be given one and I must pay \$8 via check when my child is picked up.
Initial _____
14. I understand that photos of my child may be taken while at Camp Clarita and I give permission for the City of Santa Clarita to use these photographs as they see fit for promotional purposes.
Initial _____
15. I understand the City of Santa Clarita and staff will not be held liable for personal injury, loss, damage, or theft of property while my child is in attendance at Camp Clarita.
Initial _____

Parent/Guardian Name

Parent/Guardian Signature

Date