

Summer Adventures 2012

For School-Age Children who are Ages 6
(must have completed Kindergarten) through 13 years.

Camp Caldwell
(ages 6-8)

Camp Enterprise
(ages 6-10)

Camp Surge
(ages 9-13)

Camp Eureka*
(ages 8-13)

Child's Name _____
Last First Middle

Age: _____ M/F: _____ Grade entering in the Fall: _____ School Child Attends: _____

Summer Adventures operates on a first come first serve basis. Please circle days and mark the sessions you are reserving for your child. If your child will only attend certain days, please circle which ones. Otherwise your child will be scheduled and charged for 5-days. If payment is not received by payment due date, your child's spot will be given away without further notice.

(Session Dates)	(Child Will Attend)	(Payment Amount)	(Payment Due Date)
<input type="checkbox"/> June 4-8	M T W Th F	\$_____ Wk 1	Immediately
<input type="checkbox"/> June 11-15	M T W Th F	\$_____ Wk 2	May 7 by 5:00 pm
<input type="checkbox"/> June 18-22	M T W Th F	\$_____ Wk 3	May 14 by 5:00 pm
<input type="checkbox"/> June 25-29	M T W Th F	\$_____ Wk 4	May 21 by 5:00 pm
<input type="checkbox"/> July 2-6	T A W Th F	\$_____ Wk 5	May 28 by 5:00 pm
<input type="checkbox"/> July 9-13	M T W Th F	\$_____ Wk 6	June 4 by 5:00 pm
<input type="checkbox"/> July 16-20	M T W Th F	\$_____ Wk 7	June 11 by 5:00 pm
<input type="checkbox"/> July 23-27	M T W Th F	\$_____ Wk 8	June 18 by 5:00 pm
<input type="checkbox"/> July 30-Aug. 3	M T W Th F	\$_____ Wk 9	June 25 by 5:00 pm
<input type="checkbox"/> August 6-10	M T W Th F	\$_____ Wk 10	July 2 by 5:00 pm
<input type="checkbox"/> August 13-17	M T W Th F	\$_____ Wk 11	July 9 by 5:00 pm

Registration Information:

Full Day: 7:30 am – 5:30 pm
Weekly: \$118.00
Daily: \$32.00 – Daily spots are limited

*Camp Eureka:

Weekly: \$120.00
Daily: \$35.00 – Daily spots are limited.

Is this your child's first year
of Summer Adventures:

Yes _____ No _____

Redding Recreation Waiver (required by Redding Recreation):

All of the information contained on these forms is as accurate as possible. I agree to allow Redding Recreation to use photos taken of my child during camp activities for promotional materials. Redding Recreation reserves the right to dismiss a child for continual behavior problems. I understand that Redding Recreation carries no medical coverage for any accidents or injury resulting from this program.

Date Signature Relationship

CITY OF REDDING
COMMUNITY SERVICES RECREATION DIVISION
SUMMER ADVENTURES
REGISTRATION FORM

- | | |
|--|---|
| <input type="checkbox"/> Camp Caldwell | <input type="checkbox"/> Camp Surge |
| <input type="checkbox"/> Camp Enterprise | <input type="checkbox"/> Camp Shasta Lake |
| <input type="checkbox"/> Camp Eureka | <input type="checkbox"/> Beach Buddies |

General Information

Child's Name _____ Birth Date _____ Grade _____

Parent(s) _____ Home Phone _____

Address _____

Father's Work Phone _____

Mother's Work Phone _____

Emergency Information

Family Physician _____ Phone _____

Address _____

Emergency contact other than parent:

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Persons authorized to pick up your child: (We will not release your child to persons not listed on this form.)

Name _____ Phone _____

Name _____ Phone _____

I/We understand and comply with the regulations pertaining to this service.

Parent Signature _____ Date _____

ADVENTURES PROGRAM GENERAL INFORMATION

All Day Camp Programs will begin each day at 7:30a.m. and end at 5:30p.m. Monday through Friday (except Beach Buddies which runs Monday through Thursday). If your child will arrive later than 10:00 or be picked up earlier than 4:30, please notify the camp staff.

REGISTRATION:

Registration will only be taken at the Recreation Office, located at 1250 Parkview Avenue. Our office has a drop box located near the door for weekend and after-hours registration. Regular office hours are Monday through Friday, 8:00a.m. - 5:00p.m. You may also mail in your registration to: P.O. Box 496071, Redding, CA 96049. For your convenience you may pay over the phone with Visa or MasterCard.

ALL DROP -OFFS AND MAIL-INS MUST INCLUDE A COMPLETED REGISTRATION FORM.

PAYMENT POLICY:

Adventure Programs operate on a first come, first served basis. Payment for registration is due prior to attendance.

REFUNDS AND CREDITS:

Refunds will only be given due to program cancellation. A refund request form with a receipt must be submitted one week prior to the first day of camp. A \$7.00 processing fee will be assessed on all requested refunds. Refunds will not be given once the session begins. Refunds take approximately three weeks for processing and will be mailed to the original person who paid the program fee.

ABSENTEEISM:

No credit will be given when a child is absent. Special circumstances will be reviewed on an individual basis.

ALTERNATIVE PAYMENT PROGRAM:

It is the parent's responsibility to put the time and sign the time sheet located at the camp site DAILY. Absences must be noted with a reason for the absence and signed by the parent. Failure to complete the time sheet daily could result in termination of childcare.

PARENT & FAMILY FEES:

Parents with parent or family fees who participate in the Alternative Payment program through Shasta County Office of Education must pay all parent and family fees by the registration due date. All late fees are the responsibility of the parent.

TAX INFORMATION:

Record keeping of fees paid is the responsibility of the parent. The only information we can provide you is our Tax I.D. number: #94-6000401.

PICK UP PROCEDURES:

All children must be signed in/out daily. Parents must have all persons authorized to pick up their child on record. No child will be allowed on the premises before or after camp hours. Your child must be picked up by 5:30 pm. The emergency phone number will be contacted if a child has not been picked up by the scheduled time. If you are late picking up your child you will be reminded about our pick up policy. If you are late picking up your child a second time you will be charged \$5.00 per minute for every minute you are late. This fee will be due upon picking up your child that day. If there is a third offense your child may be removed from the program without a refund being issued.

RESTRAINING ORDERS:

In situations involving restraining orders, a copy of the court order must be in the child's file on the premises. State law mandates that a child must be released to either parent regardless of custody arrangements. The ONLY exception is when a current restraining or court order is in our possession.

MEDICATION:

The City Recreation Division personnel manual allows employees to administer first aid ONLY to stop bleeding, start breathing, treat shock, and administer CPR. The only medication campers are allowed to have in their possession is an inhaler.

ILLNESS:

If a child complains of feeling ill a phone call will be made to the parent or guardian and a request will be made that the child be picked up as soon as possible.

EMERGENCY INFORMATION:

An emergency information sheet must be completed for each child prior to participation in the program. Please keep this information updated and on file at the camp location. Updated emergency information should also be given to the Recreation Office.

LUNCH & SNACKS:

Lunch and snack time are a part of the daily schedule. Each child will be required to bring two snacks, a nutritious lunch and two drinks daily.

DRESS CODE:

All children are required to wear shoes with closed toes and a secure backing every day. Please NO flip flops.

DISCIPLINE POLICIES:

Discipline will be administered and maintained in a positive manner which is child-centered and contributes to the child's development. Staff will share information about the children's behavior, progress, and problems with parents on an on-going basis through discipline logs.

We hope that we will have an enjoyable experience with all of the children. However, behavior that is consistently disruptive, harmful, or causes property damage will result in the following disciplinary actions:

Method of Discipline Used

Color Chart:

Green	Good Behavior throughout day
Yellow	Warning for inappropriate behavior
Purple/Blue	Cool down time for repeated inappropriate behavior
Red	Participant may be removed from the program for the remainder of the day and will be suspended from the program the following day.

** Any participant who receives three red color changes throughout the course of camp will be removed from the program for the remainder of the summer **

If this occurs no refund will be issued.

PARENT COOPERATION AND INVOLVEMENT IS APPRECIATED.

CITY OF REDDING
COMMUNITY SERVICES RECREATION DIVISION
ADVENTURES
MEDICAL RELEASE FORM

NAME OF PARTICIPANT _____ AGE _____

ADDRESS _____ ZIP _____

TELEPHONE _____
(HOME) (8-5) (EMERGENCY)

It is understood that the City of Redding provides no health or accident insurance for participants and that full responsibility for any and all damages, injuries or losses while participating in this program shall be that of the participants' parents or legal guardian, and all claims against the City of Redding, its officers, agents and employees are hereby waived. Consent is given for the leader in charge to perform first-aid or take any other emergency action he/she deems necessary in his/her best judgment.

Insurance Company Name Group Ins #

Address City State Zip Code

Parent or Legal Guardian Signature Date

List any physical ailments that the instructor needs to be aware of:

