

STAR CAMP ECO REGISTRATION FORM & CONTRACT • SUMMER 2009

**Mail to: 10101 Jefferson Bl. Culver City, CA 90232
(310) 842-8060x112 FAX (310) 842-8245 http://ecostation.org**

If you are sending your application through a facsimile machine please remember to send the *reverse* side.
Please use a dark pen and print neatly **all** information with the exception of your signature. **Complete one application per child.**

Child's name: _____ Grade in Sept. _____ **1st - 6th graders Only- No K's**
 Age: _____ Birth date: ____/____/____ **Please circle T-shirt size (Y) sm med lg (Ad) sm med lg**
 Home Phone: () _____ Email address _____
We try to use email whenever possible. PLEASE print carefully
 FAX# () _____
 Street: _____ City: _____ Zip: _____

Complete section below in preferred order of calls to parent/guardians.

Parent/guardian #1 _____ **Day Phone:** _____
Employment: _____ **Position:** _____
Cell or pager#: _____
Parent/guardian #2 _____ **Day Phone:** _____
Employment: _____ **Position:** _____
Cell or pager#: _____
Emergency Contact: _____ **Relationship** _____
Camp hour phone/cell & pager numbers _____
Name & phone number of additional emergency contact person: _____

**EARLY BIRD
Special
Sign-up and
pay 50% a
week deposit
by April 30th
and take
\$20.00 a week
off the total
price.**

California law requires guardians to sign their child in and to sign them out. Failure to comply with this law may result in suspension or termination of this contract. Your child/children will not be released to any person that is not listed on the emergency contact list. If you need to have your child/children picked up by someone not included in this list, we require both a telephone call from you and a written authorization. Appropriate identification may be required.

NO registration fee for current paid STAR Education participants. Name of STAR program _____
please read and complete below carefully

NEW Summer Camp hours 9AM - 3PM

8 am - 9 am & 3 - 6 pm extended hours reserved at \$6 an hour (\$1.00 less than last year!)

Please indicate your choices	Circle needed extended hours	Session total
\$590.00 _____ June 22 - July 3	8-9 / 3-6	\$ _____
\$295.00 _____ July 6 - 10	8-9 / 3-6	\$ _____
\$295.00 _____ July 13 - 17	8-9 / 3-6	\$ _____
\$295.00 _____ July 20 - 31	8-9 / 3-6	\$ _____
\$295.00 _____ July 27 - 31	8-9 / 3-6	\$ _____
\$295.00 _____ Aug. 3 - 7	8-9 / 3-6	\$ _____
\$295.00 _____ Aug. 10 - 14	8-9 / 3-6	\$ _____
\$590.00 _____ Aug. 17 - 28	8-9 / 3-6	\$ _____

**NOTE:
Additional fees
for field trips.**

Non-refundable registration fee **\$50.00** (**\$5 of your registration will go toward Rainforest Conservation**)
\$20.00 less than last year's fee! **Balance MUST be paid in full prior to first day session. Total amount due \$ _____.**

**Early drop off/late pick-up fee of \$1.00 a minute must be paid to staff watching Your Child. There is no grace period.
There are NO Refunds should your plans change two weeks prior to your session.**

Cash/check \$ _____ enclosed **Check (& Credit card payment) payable to STAR**
 Visa ___ MC ___ Credit Card# _____ Exp. Date _____ Security code _____
Returned checks will be handled pursuant to Calif. Civil Code Sec. 1719.

<i>For STAR use only:</i>			
Date form received:	Cash/Ck#/CC#	Amount Paid	Balance Due

Camper's Name _____

During the camp day, children participate in special activities. May we have permission to use your child's likeness in our future promotional materials? Please **initial** one of the below options.

_____ I grant permission to the STAR ECO Station to use any photo/ likeness of my child for promotional purposes.

_____ **Please - Do Not** use my child's photo/ likeness for promotional purposes.

In case of an actual emergency, STAR will make every effort to contact the parents/guardians of the child involved before any treatment is administered; however in the event we are unable to make contact with you, the parents/guardians, we require this medical release to be signed by all participants.

I HEREBY AUTHORIZE THE PHYSICIAN OR HOSPITAL SELECTED BY STAR TO HOSPITALIZE OR SECURE TREATMENT FOR AND TO ORDER INJECTION, ANESTHESIA, AND/OR SURGERY FOR MY CHILD.

It is further understood that the undersigned will assume full responsibility for any such treatment, including the payment of all costs, and will hold the STAR Program, its representatives, the STAR Camp Directors, counselors and staff, harmless therefrom.

NOTE: Peanut products are on site.

Any known allergies? _____
(NOTE: Peanut products and animals are on-site at the ECO Station.)

Date of last tetanus shot? _____

Does your child have special needs? N ___ Y ___ if yes, please explain _____

Any ADD/ADHD or other focusing and or behavioral considerations? _____

Does your child have an I.E.P. or one on one aide? _____ If yes, please elaborate. _____

Does your child require an aide or one-on-one during the regular school day? _____

Other medical/emotional issues camp should know? _____

Any medications that will be given/taken at camp? _____ If yes, **please ask for and complete our medication form.**

PHYSICIANS NAME: _____ PH# : _____(_____)_____

DENTIST'S NAME: _____ PH# _____(_____)_____

NAME OF INSURANCE: _____ POLICY# : _____

RELEASE OF LIABILITY

I hereby agree to hold harmless the STAR Staff, Directors, Administrators and Members of the Board of Directors from any liability related to any and all STAR activities and programs. I hereby acknowledge the existence of the implied risk associated with all programs for children and the areas where such activities and programs take place. I HAVE READ AND UNDERSTOOD ALL INFORMATION INCLUDED IN THIS CONTRACT AND BY SIGNING, I AGREE TO ADHERE TO THE TERMS OF THIS CONTRACT. IT IS FURTHER UNDERSTOOD THAT POLICIES AND TERMS OF THIS CONTRACT MAY BE CHANGED AND AMENDED AS NEEDED AND THAT I SHALL BE INFORMED IN WRITING OF SUCH CHANGES. I HAVE RECEIVED A COPY OF THIS CONTRACT.

PARENT'S/GUARDIAN'S SIGNATURE: _____ **DATE:** _____

We want to know a bit about **your** child. Please answer ALL of the following questions so that we may provide a great camp experience for **your** child.

• Where did you hear/learn about our camp? _____

• Is this your child's first camp experience? Y ___ N ___

• Has your child learned how to follow directions? Y ___ N ___

• What was the name of the camp your child attended? _____

• What is the name of the school your child currently attends? _____

• How would you describe your child's personality? _____

* Please initial and date that you have read, understand and agree to all aspects of this contract, frequently asked questions sheet, and that your information is accurate accurate. _____