

CAMP KEYSTONE

SUMMER DAY CAMP

Registration Application - 2008

PLEASE PRINT LEGIBLY

Family Information

Mother's Full Name _____ Work Phone (____) _____ Cell (____) _____
 Father's Full Name _____ Work Phone (____) _____ Cell (____) _____
 Home Address _____ City _____ State _____ Zip _____
 Home Phone (____) _____ Fax (____) _____ Email _____
 Emergency Contact _____ Relationship _____ Phone (____) _____
 Family Doctor _____ Phone (____) _____

Camper 1 Information

Last Name _____ First _____ Sex _____ Age 6/08 _____
 Years at Camp Keystone _____ School in 9/08 _____ Grade in 9/08 _____ Birthdate _____
 Please list any special problems/allergies or physical limitations we should be aware of: _____

Please place my child in the same group as: 1. _____ 2. _____ 3. _____

Transportation Provided by Camp Keystone ___ Yes ___ No (I will be arranging my own transportation) If yes, complete the "Transportation Form" and fill in your selection: (NO TRANS SESSION 7) Route _____ Location _____

Sign me up for: Extended Day Care ___ AM 7:30-9:00 ___ PM 4:15-5:30 (Cannot be used in conjunction with transportation)

Camper 2 Information

Last Name _____ First _____ Sex _____ Age 6/08 _____
 Years at Camp Keystone _____ School in 9/08 _____ Grade in 9/08 _____ Birthdate _____
 Please list any special problems/allergies or physical limitations we should be aware of: _____

Please place my child in the same group as: 1. _____ 2. _____ 3. _____

Transportation Provided by Camp Keystone ___ Yes ___ No (I will be arranging my own transportation) If yes, complete the "Transportation Form" and fill in your selection: (NO TRANS SESSION 7) Route _____ Location _____

Sign me up for: Extended Day Care ___ AM 7:30-9:00 ___ PM 4:15-5:30 (Cannot be used in conjunction with transportation)

Pick-up Authorization

Please list the name(s) of anyone who is authorized to pick-up your child (ren) from camp or from the bus stop. All campers must be signed in and out daily by an authorized, responsible adult, unless our transportation service is being used. _____

Please list the name(s) of anyone who is not allowed to pick up your child (ren) from camp. _____

Camper Schedule

Select camper schedule by circling the Session No.

		Camper 1				Camper 2		
Session Circle Choices	Session Dates	No. of weeks	Day Camp Circle Choices	Sports Camp Circle Choices	No. of weeks	Day Camp Circle Choices	Sports Camp Circle Choices	
1	June 16 - June 20	1	M T W TH F		1	M T W TH F		
2	June 23 - June 27	1	M T W TH F		1	M T W TH F		
3	June 30 - July 25	4	M T W TH F	M T W TH F	4	M T W TH F	M T W TH F	
4	July 28 - Aug. 8	2	M T W TH F	M T W TH F	2	M T W TH F	M T W TH F	
5	Aug. 11 - Aug. 15	1	M T W TH F		1	M T W TH F		
6	Aug. 18 - Aug. 22	1	M T W TH F		1	M T W TH F		
7	Aug 25 - 27 Waterslide Camp		M T W - -	No bus service session 7		M T W - -	No bus service session 7	

No Splitting Sessions

2-day schedule must be Tuesday/Thursday

Conditions for Enrollment

1. Campers must be in good health: Allergies and other conditions, which might affect the health, safety or welfare of the camper, must be noted on the health history form provided. Health history forms, to be supplied by the camp, must be on file seven (7) days prior to camper's first day at camp. Health forms will be mailed to you upon receipt of your application and payment. I agree to allow Camp Keystone to select a physician should my child be confronted with a medical emergency and I cannot be reached.
2. Absences and Make-up Days: Campers will be entitled to 2 make-up days. The office must be notified by 9:00 a.m. on the day of the absence, and the make-up must be rescheduled within 7 days, otherwise the make-up day will be forfeited. Due to high enrollment, **make-up days cannot be scheduled during sessions 3, 4 or 7. Make-up days are not guaranteed and are subject to space availability.** Make-up days for camp closure dictated by rain or other natural occurrences of more than two days will be made up. No refunds or credits will be made in lieu of a make-up day. Overnights may not be substituted for make-up days.
3. Deposit and payment: A \$150 deposit, which includes a \$30 non-refundable registration fee, is required per child enrolled. The balance of all non-discounted fees is due June 2, 2008, regardless of when your child begins camp. See fee chart for discount deadlines. Please make checks payable to Camp Keystone. Mastercard and Visa credit cards are accepted, however a 3% finance charge will be added to the fees. CILTS will receive a 20% discount on their tuition.
4. Withdrawals and Refunds: For families who enrolled during priority enrollment (paid in full by Jan. 31st), all fees, excluding registration fee, are fully refundable if you notify us by April 1. If you cancel between April 1 and May 1, your \$150 registration fee is non-refundable. For all other families registering after Jan. 31st, the camp office must be notified by May 1 to receive a refund on deposits and tuitions paid. Registration fee and deposits are non-refundable after May 1. **After May 1 there are absolutely NO REFUNDS - NO EXCEPTIONS.** We do not offer refunds for camper's time off, missed days, family vacations, partially missed days, any medical reasons, or anything else that requires time off from camp. The exception is for first time Jr. Campers entering preschool or kindergarten who may not be ready for camp. Such first time campers will receive on the unused portion of tuition a 50% refund and a 50% credit towards enrollment for year 2009. While Camp Keystone strives to make Camp enjoyable for all campers, satisfaction with the experience is subjective on the part of the child and the parent. Therefore, it is understood and agreed that Camp Keystone cannot and does not guarantee or warrant any campers' satisfaction. It is also understood and agreed that there are no other agreements, expressed or implied, between Camp Keystone and me or my child regarding Camp Keystone's programs, activities, events or field trips.
5. Dismissal from Camp: Should your child be dismissed from camp for unsatisfactory behavior or conduct, 50% of the unused tuition shall be refunded.
6. Transportation: Camp fee includes transportation but for your convenience we have provided a chart that highlights the discount available for providing your own transportation to camp. We only provide transportation to one pick-up point. If your child requires a car seat please be sure to label it so that your child's name is visible from the front. Transportation will not be available during Waterslide Camp/Session 7.
7. Schedule Changes/Other Charges: There is no charge for schedule changes prior to June 1. **Each schedule change after June 1 will be charged a \$10 administrative fee.** We will absolutely not allow any schedule changes without credit card or cash payment at the time of the change. Late payments will be subject to a \$20 re-billing/late fee. There will be a \$20 charge for each returned check from the bank. Additionally, camp parent agrees to pay collection, attorney's fees and all other fees associated with the collection of any money owed.
8. Program Changes: Boating and fishing are activities that are subject to drought conditions. We reserve the right to add/substitute program activities and are subject to change.
9. Lunch/Beverage: Lunch may be purchased daily or in advance for \$5.00. Lunch, if brought from home, must not contain perishables. We do not provide refrigeration. Juice/punch and water are provided at lunch as well as an afternoon snack. Please be sure to label all lunch boxes with your child's name.
10. Session Enrollment: Our sessions are of varying lengths to balance the needs of the campers with our camp families' busy summer schedules. If your family vacation conflicts with session dates, we will try to accommodate based on space availability. **The minimum attendance for Session 3 will be three (3) weeks with one (1) week being made up in a one week session.**

Payment Method

Please feel free to use the adjacent chart to help calculate your cost for the summer.

Payment Method

Check amount enclosed \$ _____ or Please charge my:

Deposit ____ Full Tuition _____ to Visa/MC _____

Cardholder Name _____

Account # _____

Expiration Date _____

Cardholder Signature _____

I understand the use of a credit card will result in 3% being added to the fees.

Cost Calculation

	Amount/Qty	Total
Tuition Camper 1		
Tuition Camper 2		
Discount (5% for 2nd Child or 20% CILT)		
\$30 Registration Fee per child		
Optional items (t-shirts, hats, etc.)		
Extended Day AM \$8		
Extended Day PM \$8		
Prepaid Lunches \$5		
Total		\$

Registration and camp enrollment cannot take place without a signature, date and deposit.

I have read, understand and agree to the Camp Keystone policies and enrollment conditions listed above and on the reverse side. I further agree to:

1. Allow Camp Keystone to select a physician should my child be confronted with a medical emergency and I cannot be reached.
2. Allow my child's image to be used in any and all promotional photographs, videos or web sites.
3. Not hold Camp Keystone responsible for any articles of clothing, personal belongings, personal athletic equipment that are lost or damaged by theft, fire, natural disaster or other occurrence.
4. I understand that Camp Keystone provides limited excess accident medical protection for campers. Parents insurance is primary. Camp protection will pay only those covered medical expenses, which are not paid by parents.
5. **Release Agreement: I understand that accidents and injuries can happen when my child attends Camp Keystone or participates in its recreational programs. I also understand that my child's enrollment at Camp Keystone is voluntary and my signing of this release agreement is in exchange for my child being permitted to attend Camp Keystone. I agree, for myself, my child, and heirs, to assume the risks of any injury or death my child might suffer as a result of my child's conduct or Camp Keystone's negligence while attending Camp Keystone. Furthermore, I agree, for myself and my child, to release and discharge Camp Keystone and its employees and agents from, and expressly waive any and all claims (known or unknown) for, any negligence on their part that might result in personal injury, property damage, death, costs or attorney's fees. This release of liability waives all claims arising from Camp Keystone's negligence, whether known or unknown by me at this time, and I waive the provisions of Civil Code Section 1542, which says, "A general release does not extend to claims which the creditor does not know or suspect to exist in his or her favor at the time of executing the release, which if known by him or her must have materially affected his or her settlement with the debtor." I agree that this release agreement is to be interpreted in a way to maximize its enforceability, and that if any portion of this agreement is found to be invalid, the remainder of the agreement remains in effect.**

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Parent/Guardian Signature _____ Printed Name _____ Date _____
 2854 Triunfo Canyon Road, Agoura Hills, CA 91301 Tel 818.889.2224 Fax 818.889.2416