



OLA SUMMER DAY CAMP 2016

**611 WEST BONITA AVE. CLAREMONT, 91711
(909) 626-3596 EXT. 225, 227 or 207**

REGISTRATION PACKET

- 1.) Fill out the attached registration packet completely, being sure to sign in all designated areas. Please use pen and print clearly. (Incomplete or unsigned packets will not be accepted)
- 2.) Place your registration packet and your check (made out to "OLA School") with the required registration fee, (\$25 per child), in an envelope marked:
- 3.) You May Return your Completed Packet to:
 - a. OLA School Office (open 8am to 3pm school days)
 - b. OLA Child Care Center (Before and after school)
 - c. Or mail your completed Packet to:

OLA SUMMER CAMP/ATT: MARGIE ROBINSON
OLA Child Care Program, Att: Margie Robinson
611 W. Bonita Ave., Claremont, CA. 91711
(Business sized envelope/Will require 2 first class stamps)

PLEASE NOTE:

- * Camp runs June 20-July 22, Monday to Friday, 6:30 am to 6:00 pm.
- * Payment is due on the first day of the week your child attends
- * Make all Checks payable to OLA School
- * On the first day you come to sign your child in, please allow 10-15 minutes for us to properly complete your registration and answer any questions you may have.
- * When dropping off or picking up your child from camp you must come into the room to sign them in and out.
- * Before camp begins, staff can be reached at (909) 626-3596 #227. During the summer we will have a cell phone number that you will be provided upon registration. In an emergency you may call the school office at #207.
- * Breakfast, Lunch and various snacks will be ready for sale on the first day of camp. You may open an account for your child when you register. Simply give us their lunch order, inform us of any dietary, (or monetary), restrictions, and then place any cash amount in their account. We will notify you when the account gets low.
- *Camp is located in the Bonita Classrooms at the S/W corner of campus near grass.



ADDITIONAL INFORMATION

REGISTRATION FEE IS \$25 PER CHILD

WEEKLY RATES:

1 CHILD	=	\$140 PER WEEK
2 CHILDREN	=	\$200 PER WEEK
3 CHILDREN	=	\$250 PER WEEK

DAY RATES:

1 CHILD	=	\$40 A DAY
2 CHILDREN	=	\$50 A DAY
3 CHILDREN	=	\$60 A DAY

MINIMUM DAY:

1 CHILD	=	\$25 A DAY
2 CHILDREN	=	\$35 A DAY
3 CHILDREN	=	\$45 A DAY

(MINIMUM DAYS ARE ANY 4 HOURS OF THE DAY OR LESS)

***We will run for 5 weeks of the summer, June 20-July 22, from 6:30 am to 6:00 pm. Children may attend by the day, the week or the whole summer! Once you are registered you may attend anytime that you like during the length of the program!**

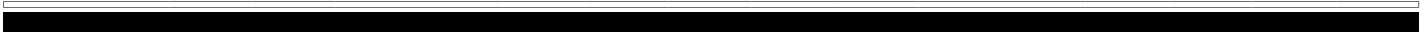
***THE SNACK SHACK IS OPEN 3 TIMES A DAY:**

Morning Snack - 10:00 AM

Lunch Time - 12:30 PM

Afternoon Snack - 3:30 PM

Children may bring their lunch and snacks to camp or purchase all they need at the snack bar. Check the main desk upon registration to learn how to open a snack bar account and to get the week's menu.



**PLEASE FEEL FREE TO CONTACT MARGIE ROBINSON OR BERTHA
CAMACHO FOR MORE INFO: (909) 626-3596 EXT. 227 OR 225**

SUMMER DAY CAMP ACTIVITY SCHEDULE

6:30 TO 9:30 AM (CHILDREN MAY CHOOSE)

Children arrive and are signed in. They may choose to participate in:

1. The Builder's and Shakers Room – Various Legos/Blocks/Lincoln Logs/K'Nex
2. Video Game Room – Nintendo Wii with a variety of *kid friendly* games
3. Open Game Center – Board Games, Coloring, Camp planned games
4. Barbie Playhouse Center – 2 doll houses with *Child* Barbie Dolls/clothes/toys
5. "Work it Out" Room – Dancing, Aerobics, Exercise

9:30 to 10:00 AM

Roll call and Devotional time for Children. Staff has their own prayer and meeting.

10:00 to 10:30 AM

Snack Time & Outdoor Play. Kids may bring a snack or purchase from the Snack Shack

10:30 AM to 12:30 PM (CHILDREN MAY CHOOSE)

Monday & Wednesday: Arts & Crafts and Bingo or SPORTS

Tuesday & Thursday: Fun with Science and Noah's Ark or SPORTS

Friday: FUN FRIDAY!!!! OUR SPECIAL EVENT DAY!!! SPECIAL ACTIVITIES & RAFFLES

12:30 TO 1:30 PM

LUNCH TIME AND PLAYGROUND FUN.

1:30 TO 3:30 PM (CHILDREN MAY CHOOSE)

MOVIE TIME - Popular Kids Movies. (A great choice for little ones who need a nap!)

DRAMA CLUB: Kids can be involved in the acting, producing, music, art direction or dance numbers of shows that are produced every week. All ages are welcome to join!

3:30 to 4:00 PM

Afternoon Snack Time and Playground

4:00 to 6:00 PM (CHILDREN MAY CHOOSE)

TEACH ME TO COOK –Monday & Wednesday kids learn easy recipes they can do at home

GROWING IN THE GARDEN – Tuesday & Thursday kids learn various gardening tips

AFTERNOON ACTIVITIES – Kids may join the various game rooms and play



OLA SNACK SHACK MENU

MONDAY

1. HAMBURGER OR CHBURGER OR (4) CHICKEN TENDERS OR SIDE SALAD
2. (6) CHICKEN TENDERS OR LARGE HAMBURGER
3. GRILLED CHICKEN SANDWICH OR CHICKEN SALAD

TUESDAY

1. TACO OR BURRITO OR NACHOS OR CHEESE QUESADILLA
2. HAMBURGER OR CHEESEBURGER OR ½ POUND BURRITO
3. SPICEY CHICKEN BURRITO OR CK QUESADILLA OR GRILLED CK SANDWICH

WEDNESDAY

1. HOT DOG OR CORN DOG OR HAMBURGER OR CHEESEBURGER
2. CHILI DOG OR KRAUT DOG OR CHILI CHEESE FRIES
3. GRILLED CHICKEN SANDWICH OR GRILLED CHICKEN SALAD

THURSDAY

1. HAMBURGER OR CHBURGER OR (4) CHICKEN TENDERS OR SIDE SALAD
2. CUP CHILI OR BAKED POTATO OR CRISPY CHICKEN SANDWICH
3. GRILLED CHICKEN SANDWICH OR CHICKEN SALAD

FRIDAY

**CHEESE OR PEPPERONI PIZZA
ALL YOU CAN EAT PIZZA!!!! (COSTS \$4.50)**



- 1. \$4.00 LUNCH - MAIN ENTRÉE, SIDE, DRINK AND DESSERT (ENTRÉE ONLY \$2)
- 2. \$4.50 LUNCH - MAIN ENTRÉE, SIDE, DRINK AND DESSERT (ENTRÉE ONLY \$3)
- 3. \$6.00 LUNCH - MAIN ENTRÉE, SIDE, DRINK AND DESSERT (ENTRÉE ONLY \$5-\$6)

OLA SUMMER CAMP MEDICAL RELEASE FORM

PLEASE CLEARLY PRINT IN DARK INK

CHILD'S NAME: _____
(LAST) (FIRST) (MIDDLE)

HOME ADDRESS _____

If minor does not reside with both parents, who has legal custody? _____

.....
MOTHER/GUARDIAN FULL NAME _____

HOME ADDRESS _____

HOME PHONE () _____ CELL PHONE() _____

.....
FATHER/GUARDIAN FULL NAME _____

HOME ADDRESS _____

HOME PHONE () _____ CELL PHONE() _____

.....
IN CASE OF AN EMERGENCY AND PARENTS CANNOT BE LOCATED, CONTACT:

FULL NAME RELATIONSHIP?

HOME PHONE () _____ CELL () _____

.....

INSURANCE COMPANY GROUP/ID NUMBERS

INSURED (EMPLOYEE) NAME EMPLOYER

INSURANCE CO. PHONE NUMBER INSURANCE CO. ADDRESS





PLEASE ATTACH MEDI-CAL STICKER (IF APPLICABLE) IN CASE OF AN EMERGENCY

AUTHORIZATION OF CONSENT FOR TREATMENT OF A MINOR

We, the undersigned parents of _____,
a minor(s), do hereby authorize Our Lady of the Assumption School as agents to the undersigned
to consent to an X-RAY, examination, anesthetic, medical or surgical diagnosis or treatments and
hospital care which is deemed advisable by, and is to be rendered under the general supervision
of any physician and/or surgeon licensed under the provisions of the Medicine Practice Act on the
Medical Staff of:

_____ and _____ M.D.

HOSPITAL

FAMILY PHYSICIAN

whether such diagnosis of treatment is rendered at the office of said physician or at the said
hospital. It is understood that this authorization is given in advance of any specific diagnosis,
treatment or hospital care being required but is given to provide authority and power on the part
of aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment of hospital
care which the aforementioned physician, in the exercise of his best judgment, may deem
advisable.

This authorization is given pursuant to the provisions of Section 25.8 of the Civil Codes of
California. (Allows parents or guardians to authorize any adult to consent to medical or dental
treatment as stated in paragraph No. 1 above.)

This authorization shall remain effective until, _____,
unless sooner revoked in writing and delivered to said agent(s)

Date

Father or Legal Guardian

Witness

Mother or Legal Guardian



FOR PATIENTS PROTECTION

1. Allergies and Sensitivities: Is there any history of skin or other outward reaction or sickness
following an oral administration of: (circle those that apply)
Penicillin-Other Antibiotics * Morphine * Codeine * Demerol * Other Narcotics * Aspirin
Sulpha * Pain Relievers * Adhesive Tape * Iodine * Eggs/Milk/Chocolate * Any Other Drug?

If YES, Describe _____



2. Any Drugs Taken Recently? _____

3. Has the patient ever received treatment for Asthma, Rheumatism or Rheumatic Fever?

PRINT CHILD'S FULL NAME

Dear Parent:

For your child's protection, only those people listed in your registration packet will have permission to pick up your child from the OLA Afterschool Child Care or Summer Camp Program. Those who are not known to the Director, Asst. Director or any camp staff, will kindly be asked to show identification. In an emergency, consideration may be given to you, over the phone, to have someone *not listed* pick up your child. But this will be solely at the discretion of the Director or Asst. Director. If you would like to give permission to any additional people to pick up your child, please list their names and phone numbers below.

1. _____
Name **Phone**

2. _____
Name **Phone**

3. _____
Name **Phone**

4. _____
Name **Phone**

5. _____
Name **Phone**

Parent's Signature

Date

OLA CHILD CARE AGREEMENT

SIGN-IN/SIGN-OUT PROCEDURE:

All children must be signed *in and out* of day care by a parent or authorized adult, (18 years or older), indicated on the child's emergency card. Children will not be released until they are properly signed out.

DELAYED PICK UP:

If you are unable to reach the day care center before closing time, (6:00 PM), if possible call the day care and inform them and give an approximate time of arrival. After 6:05 PM there is a penalty due and payable to the staff member who stays to supervise your child. The charge is:

6:05 to 6:15 PM = \$5 per child due

6:15 to 6:30 PM = \$10 per child additional (\$15 per child due)

6:30 to 6:45 PM = \$10 per child additional (\$25 per child due)

6:45 to 7:00 PM = \$10 per child additional (\$30 per child due)

Payment is due and payable to the Staff who stayed with your child that night or no later than the very next morning child care is open or there will be a \$5 per day past due fee and child care can not be provided until this payment is made in full.

PAYING TUITION:

Tuition for child care is due and payable on the first day of the week that your child attends. You will be asked to pay for the days you expect your child to attend that week. If you overpay, your account will be credited. If you underpay, payment is due before the end of week.

If your account becomes 2 weeks delinquent, your account will be turned over to the school office for collection and child care will not be available until the amount has been paid in full. ***Make all checks payable to OLA School!***

RETURNED CHECKS:

ALL PAYMENTS ON RETURNED CHECKS MUST BE MADE IN CASH OR MONEY ORDER. THERE IS A \$40 RETURNED CHECK FEE. AFTER (2) RETURNED CHECKS, ALL PAYMENTS MUST BE PAID IN CASH OR M.O.

I have read the OLA Child Care Agreement above. I agree to abide by the policies stated in this agreement:



Parent or Guardian

Date

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