



Momonga Explorers Summer Camp 2020

Explorers (ages 2 ½ to 5)

One form per camper

Camper Name: _____ Grade Fall 2020 _____

Birthdate: ____/____/____ Gender: M F Previous summers at CHA (list years) _____

Registration and Cost Calculator:

		Circle half or full day option		Amount per week
		8:30-12:30	8:30-3:30	
Week 1	June 15 – June 19	Half day \$250	Full day \$350	\$
Week 2	June 22 – June 26	Half day \$250	Full day \$350	\$
Week 3	June 29 – July 2 (closed July 3)	Half day \$200	Full day \$280	\$
Week 4	July 6 – July 10	Half day \$250	Full day \$350	\$
Week 5	July 13 – July 17	Half day \$250	Full day \$350	\$
Total Camp Tuition				\$
50% non-refundable deposit due with this registration by June 1				\$
Extended Day Care 3:30 to 5:30 pm – \$80 per week Occasional/Hourly rate is \$10/hour				\$
Balance due no later than the Friday before Camp attendance				\$

A non-refundable reservation deposit of 50% is due with the registration contract by June 1, 2020, and is applied toward Camp Tuition. The remaining balance must be paid in full no later than the Friday before Camp attendance. On June 2 and thereafter, full payment is required to reserve space and must be paid no later than the Friday before Camp attendance.

There are absolutely no refunds of the deposit (a signed doctor's note stating that an injury or illness makes it unsafe for the child to attend camp being the only exception).

All camp fees are due no later than the Friday before the week of Camp attendance. Failure to pay in full by the Friday before the week of Camp attendance will result in the loss of the child's place in camp and a forfeiture of the deposit. Parents are financially responsible for all days the camper has registered to attend. There will be no refunds for missed days.

Please note the important information below:

- All payments must be made no later than the Friday preceding the week of Camp attendance.
- There will be a \$25 fee for each scheduling change.
- There is a returned check fee of \$35.
- There will be no refunds for missed days.

I hereby agree to allow my child's photograph to be used in all promotional materials and/or the camp website. My signature below certifies that I have read and understand Chatsworth Hills Academy's Camp Momonga registration policies.

Parent/Guardian (printed name) _____

Parent/Guardian (signature) _____ Date _____



Momonga Summer Camp 2020

Camper Information Form

Please PRINT clearly all information below with current contact names and numbers

Camper Name: _____

Gender: M / F Grade in fall 2020: _____ Date of Birth: _____

Siblings attending Momonga Summer Camp 2020 (names): _____, _____, _____

Parent/Guardian 1: _____	Work Phone: _____	Cell: _____
Address: _____		Home Phone: _____
City: _____	State: _____	Zip: _____ e-mail address: _____
Parent/Guardian 2: _____	Work Phone: _____	Cell: _____
Address: _____		Home Phone: _____
City: _____	State: _____	Zip: _____ e-mail address: _____

Names of anyone authorized to pick up your child and/or emergency contacts:

Name: _____ Phone: _____ OK to Pick Up Emergency Contact

Name: _____ Phone: _____ OK to Pick Up Emergency Contact

Name: _____ Phone: _____ OK to Pick Up Emergency Contact

The following individuals ARE NOT authorized to pick up your child from camp: _____

Doctor's Name: _____ Office Phone: _____

Insurance Provider: _____ Policy #: _____

Please list any additional medical information here. Include allergies, medication taken regularly (at home or at camp), special physical problems, etc.

I, the undersigned, parent/guardian of _____, minor(s), give permission to Chatsworth Hills Academy/Camp Momonga (CHA) to obtain emergency medical attention for my child in the event that CHA is unable to contact me. Additionally, I agree that Chatsworth Hills Academy and its designated leaders are not legally liable for any claim from any consent given in good faith in connection with such diagnosis or advised treatment. This authorization is given in conjunction with any authorized program event. My child has my approval to participate in Camp Momonga at Chatsworth Hills Academy activities.

I further agree and understand that:

1. If medication is to be given, Camp Momonga and/or Chatsworth Hills Academy and its administrators, directors, employees, and agents are not legally or financially liable for administering or for the results of administering medication.
2. If medication is to be given, parent/guardian must make arrangements in writing with the Camp Director and provide necessary written authorization. All medication must be in original packaging (e.g., no plastic bags with loose pills).
3. Minors are not to have medication of any kind on their person or in their belongings at any time.
4. In case of accident, Chatsworth Hills Academy assumes no financial responsibility beyond secondary insurance coverage.

I assume all risks and hazards incidental to the conduct of Chatsworth Hills Academy and transportation to and from the Camp and Camp activities. I further release, absolve, indemnify and hold harmless Chatsworth Hills Academy, its board, directors, officers, employees and agents for any injuries my child may sustain as a participant in the Camp. I further expressly agree that this waiver is intended to be as broad and inclusive as is permitted by the State of California, and if any portion is held invalid, it is agreed that the balance shall continue in full legal force and effect.

I hereby agree to allow my child's photograph to be used in all promotional materials and/or the Camp website.

Signature of Parent/Guardian

Date