



LOT FUN IN THE SUMMERTIME Summer Camp

June 12, 2017 – August 5, 2017

1. Participant Information:

Child's Name _____ Sex: M F Age: _____ Birth Date _____ Grade _____

Home Address _____ City _____ Zip _____

Person(s) Responsible for Child _____ Relationship _____

Mother's full name _____ Home Phone _____

Work Phone _____ Cell Phone _____

Father's full name _____ Home Phone _____

Work Phone _____ Cell Phone _____

Physician's name _____ Phone _____

Please CIRCLE the week(s) of your choice for Summer Camp:

- **Week #1** June 12 - 16 \$200.00 – Aquarium of The Pacific – June 15
- **Week #2** June 19 - 23 \$200.00 – California Science Center – June 22
- **Week #3** June 26 – June 30 \$200.00 – Malibu Beach – June 29
- **Week #4** July 3 - July 7 \$120.00 – John's Incredible Pizza Co – July 6

Kids Center will be closed MONDAY 3rd & TUESDAY 4th of July

- **Week #5** July 10 - 14 \$200.00 – Malibu Beach – July 13
- **Week #6** July 17 - 21 \$200.00 – Golf n Stuff - July 20
- **Week #7** July 24 – 28 \$200.00 – San Fernando Pool & BBQ – July 27
- **Week #8** July 31 – Aug 4 \$200.00 - Dry Town Water Park – Aug 3
- **Kids Center will be CLOSED the week of Aug 7 – 11, 2017**

TRIPS ARE SUBJECT TO CHANGE WITHOUT NOTICE.

DUE TO WEATHER AND OTHER CIRCUMSTANCES.

Registration is only available for full weeks. Two weeks notice in advance per week requested. Attach check (payable to SOPA Kids Center) to the Registration form for full amount due.

*******Pre-payment is required. *******

2. Authorization and acknowledgment of KID’S CENTER Fee Policy:

I give my child permission to participate in all activities of the program. I further accept that my child is physically fit to participate in the activities. This authorization is to remain enforced from date of signing unless revoked in writing. I understand that NO REFUNDS will be made for days missed and/or early withdrawals. I understand the Sherman Oaks Parents Association, Kids’ Center child care fee policy regarding payments, which requires that all payments be received in advance of any services or childcare.

3. Authorized to pick-up and Emergency Contacts:

By law, children must be released to either parent even if one parent is not included on this form. Other court custody arrangements require a copy of the legal documents attached to this form. We will release your child/children only to the following individuals having my unrestricted permission to pick-up and sign-out the above named child from the program without any further confirmation from me.

Name	Home Phone	Work/Cell Phone	Relationship
1			
2			
3			
4			
5			

As required by the State of California guardians are to sign their child/children in and/or out with a complete signature. Failure to comply with this may result in suspension or termination of this contract. Your child/children will not be released to any person that is not listed on this authorization for Pick-up/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 will be required.

I/We have read and understood all the information included in this Payment Policy, Authorization to Pick-up and Emergency Contact list.

Parent/Guardian’s Signature _____ Date _____



PARENTAL CONSENT FORM FOR SUNSCREEN APPLICATION

Date: ____/____/____

Name of Child: _____

As the parent or guardian of the above child, I recognize that too much sunlight may increase my child's risk for skin cancer later in life.

Therefore, I give my permission for the staff at SOPA Kids' Center to apply Rocky Mountain Kids Sunscreen SPF 50 to my child, as specified below, when he or she will be playing outside, especially during the hours of 10:00a.m. and 4:00p.m.

I further understand that sunscreen may be applied to exposed skin, including but not limited to the face, tops of ears, nose, bare shoulders, arms, and legs.

I have checked all applicable information regarding the type and use of sunscreen for my child:

I have consulted with my child's physician, and do not know of any allergies or allergic reactions my child may have to Rocky Mountain Kids Sunscreen SPF 50.

Staff may apply Rocky Mountain Kids Sunscreen SPF 50, certified by the AMC Cancer Research Center as a top quality sun protection product, to my child as described above.

NO, FOR MEDICAL REASONS, DO NOT APPLY SUNSCREEN TO MY CHILD UNDER ANY CIRCUMSTANCES.

For Additional Product Information; visit www.rmsunscreen.com

Parent/Guardian Full Name (Please Print):

Date: _____

Parent/Guardian Full Signature:
