

BREA OLINDA UNIFIED SCHOOL DISTRICT
DEPARTMENT OF CHILD DEVELOPMENT SERVICES
(714) 990-7527

Dear Parents,

Enrollment is now open for BOUSD Summer Camp 2017 and for all Child Development programs for the 2017-2018 school year. Summer Camp will operate June 19th-August 18th. **CAMP IS CLOSED TUESDAY, JULY 4TH. ALL PROGRAMS WILL BE CLOSED AUGUST 21-28 IN PREPARATION FOR THE FALL.** Child Development centers will re-open on August 29, 2017, for the first day of school.

Our Summer Day Camp is designed for students that have **completed** Grades TK-8th and will be offered at Country Hills, Mariposa, and Laurel. Incoming first time TK/K students are not allowed to enroll in summer day camp. Students must have completed TK/Kindergarten in order to be eligible to enroll.

You will find the following items enclosed in this packet:

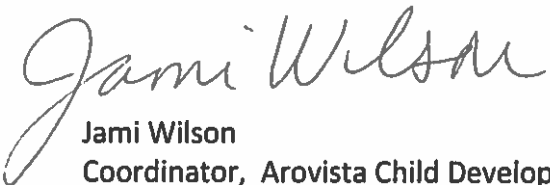
- Summer Camp 2017 Brochure
- Summer Camp 2017 Registration Materials
- Child Care Program 2017-2018 Registration Materials – including updated emergency contact form, admissions agreement, tuition contract

Appropriate registration materials are due from each family by Friday, May 5th. We kindly request that you turn these documents in on time so that we may plan accordingly. Space is limited - and we want to make sure that you have a spot this summer before we open up registration to new families.

If you have any questions, please see the site coordinator at your location. You may also call the Child Development Services main office at 714-990-7527.

We look forward to having you and your child as a part of our program this upcoming year.

Sincerely,



Jami Wilson
Coordinator, Arovista Child Development Center

WELCOME TO SUMMER 2017!

The Department of Child Development Services offers fee based programs to students and families in the Brea Olinda Unified School District. Our Summer Programs will operate starting Monday, June 19th through Friday, August 18th. We are open daily from 7:00am-6:00pm. Summer Camp is closed on Tuesday, July 4th.

Our Summer Day Camp is designed for students that have **completed** Grades TK-8th and will be offered at Country Hills, Mariposa, and Laurel. Incoming first time TK/K students are not allowed to enroll in summer day camp. Students must have completed TK/Kindergarten in order to be eligible to enroll.

SUMMER DAY CAMP

Summer Day Camp is designed for youth that have completed TK-8th grade and will be held at **COUNTRY HILLS, LAUREL and MARIPOSA.**

Camp Schedules:

Monday – Welcome to Camp! Onsite Activities

Tuesday – Trip to Edwards Movie Theater in Downtown Brea (Weeks 2-9) and Walk to City Hall Park & Swimming at Brea Plunge (Weeks 2-8)

Wednesday – Specialty Theme Days, Onsite Activities

Thursday – Major Excursion or Onsite Event

Friday – Specialty Theme Days, Onsite Activities

Daily Activities include indoor/outdoor games, arts and crafts, sports, weekly specialty clubs geared towards varied degrees of interest.

WEEKLY SESSIONS

Session	Theme	Major Excursion
Session 1 June 19-23	Mighty Makers: MakerSpace & Engineering	Game Truck
Session 2 June 26-30	Going Green: Ecosystems	Aquarium of the Pacific
Session 3 July 3-7	Forces in Motion: The Science of Roller Coasters	Knott's Berry Farm
Session 4 July 10-14	Sink or Swim: Chemicals & Liquids	John's Incredible Pizza
Session 5 July 17-21	Inventor's Workshop: Robotics	Boomers
Session 6 July 24-28	To Infinity... and Beyond: Space	Pump It Up
Session 7 July 31-August 4	Treasure Hunting: Geocaching & Coding	Pirate's Dinner Adventure
Session 8 August 7-11	Up, Up & Away: In- Flight & Gravity	Big Air
Session 9 August 14-18	Imaginarium: Summer Wrap Up	Mad Science Movies & Celebration



BOUSD SUMMER DAY CAMP REGISTRATION 2017 – SCHOOL AGE/TEEN

As the parent or legal guardian of the below named child, I understand, agree to and/or acknowledge the following:

Tuition will be paid on a monthly basis, and is due three times throughout the summer – June 9th (for June), June 30th (for July), July 28th (for August). Children may not show up to camp each week unless tuition has been received. There will be no pro rations or refunds for days in which children do not attend camp. **All tuition is non-refundable.** Parents must pay monthly, or through arrangements made with the Child Development Administrative Assistant.

I have indicated which session(s) my child will be attending throughout the summer by signing the "signature" box for the requested week(s). **I WILL BE BILLED for EACH week that I sign up for – even if my child does not attend - unless arrangements have been made with the administrative office. One week notice is required when making any changes to the contract.**

\$10 HOLDING FEE for each week that you are signing up for must accompany this registration form. This fee is NON REFUNDABLE and NON TRANSFERABLE.

Children cannot attend any BOUSD Child Development program unless all accounts are paid up to date at all times. Summer balances must be paid off before your child attends in the fall.

SESSION	FEES	SIGNATURE	SESSION	FEES	SIGNATURE
Session 1 June 19-23	\$10 + \$145		Session 6 July 24-28	\$10 + \$145	
Session 2 June 26-30	\$10 + \$145		Session 7 July 31-August 4	\$10 + \$145	
Session 3 July 3-7	\$10 + \$135		Session 8 August 7-11	\$10 + \$145	
Session 4 July 10-14	\$10 + \$145		Session 9 August 14-18	\$10 + \$145	
Session 5 July 17-21	\$10 + \$145				

Child's Name: _____

Tshirt Size (please specify Adult or Youth Size): _____

Circle Camp Location: Mariposa Country Hills Laurel

Parent's Name: _____

Signature: _____

BREA-OLINDA UNIFIED SCHOOL DISTRICT
Department of Child Development Services
Summer Admission Agreement

As the parent or legal guardian of the below named child, I understand, agree to and/or acknowledge the following:

- A. I acknowledge that I have reviewed a copy of the Parent Handbook and will comply with the policies set forth (handbook is available on the BOUSD website).
- B. Field trips, either by walking or in BOUSD vehicles or chartered buses, are a part of Child Development Program activities. No additional permission slips will be required.
- C. BOUSD staff and volunteers are not allowed to baby-sit or transport children at any time outside of the BOUSD program.
- D. I am not to leave my child at the BOUSD Child Development Center unless a BOUSD staff or volunteer is there to receive and supervise my child.
- E. Should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, for the child's safety, staff may have no recourse but to contact the police. (Please do not put staff in a position where they have to make this judgment call.)
- F. BOUSD is mandated by state law to report any suspected child abuse or neglect to the appropriate authorities for investigation.
- G. BOUSD may terminate my child's enrollment for any of the following reasons:
- Emergency names and phone numbers are incorrect
 - Parent is late picking up child after Child Development Center closes
 - Non/late/NSF payment of fees
 - Failure to adhere to the sign-in/sign-out policies
 - Failure to notify Child Development Center that child will be absent
 - Child leaving the Child Development Center without authorized written permission
 - Behavior that is continually disruptive or dangerous to others and/or self
 - Behavior that is destructive to property and/or refusal to replace said property
 - Any single incident that is deemed by the Site Coordinator to be dangerous, harmful or disruptive
 - Harassment, violent behavior or threat of such behaviors against a staff person or other member by parent/guardian or persons associated to the child (family member, family friend etc.)
- H. Program participation requires a BOUSD tuition in good standing and that non-payment of fees will result in my child not being allowed to participate in the program and could result in legal referral with additional costs to myself. I further understand there is an administrative processing fee for any payment returned by my bank or credit account. Refunds and/or credits are not given for any day in which a child does not attend the program including school closures and seasonal breaks.
- I. BOUSD and the staff employed by the BOUSD will not become involved in any custodial disputes between parent/guardian. If BOUSD documents are requested, the court must request them. The staff's responsibility is to provide a safe environment for children.
- J. I understand that I am required to give **1 (ONE) week written notice** when terminating from or making a change to the BOUSD Summer Camp Program. **If 1 (ONE) week written notice** is not given, I will not receive a refund or credit. Registration fees are non-refundable.

Child's Name

School

Parent/Guardian Signature

Date

BOUSD Representative Signature

Date

BREA OLINDA UNIFIED SCHOOL DISTRICT
CHILD CARE REGISTRATION FORM

All spaces must
be completed!

(circle one)
SCHOOL: (Preschool A/CH/L/M/O) A CH F L M O TC GRADE: _____ BIRTHDATE: _____

CHILD'S NAME _____ Male Female
(LAST) (FIRST) (MI) (NICKNAME)

FAMILY SURNAME _____ FATHER'S 1ST NAME _____ MOTHER'S 1ST NAME _____

ADDRESS _____ CITY _____ ZIP CODE _____

HOME # _____ CHILD'S LEGAL GUARDIAN _____ MARITAL STATUS _____

FATHER'S CELL # _____ MOTHER'S CELL # _____ E-MAIL ADDRESS _____

Child lives with: Father Mother Guardian Stepparent _____

Are there any legal or custodial restrictions of which we need to be aware? Yes No If yes, please attach a copy of the current custody order.

FATHER'S EMPLOYER _____ ADDRESS _____

WORK HOURS _____ TO _____ TELE # _____ EXT _____

MOTHER'S EMPLOYER _____ ADDRESS _____

WORK HOURS _____ TO _____ TELE # _____ EXT _____

PERSON TO CALL IN CASE OF EMERGENCY _____ TELE # _____ hm
(NOTE: We always call the parents first, please list a "next best" person) _____ cell

RELATIONSHIP TO CHILD _____

NAMES OF PERSONS AUTHORIZED TO TAKE YOUR CHILD HOME FROM CENTER - INCLUDE THREE PERSONS IN ADDITION TO THE PARENT(S) (must be over 18 years of age) Your child will not be permitted to leave with any person without written authorization of parent or guardian.

NAME _____ ADDRESS _____ TELEPHONE # _____

NAME _____ ADDRESS _____ TELEPHONE # _____

NAME _____ ADDRESS _____ TELEPHONE # _____

ARE THERE ANY SPECIAL THINGS YOU WANT US TO KNOW ABOUT YOUR CHILD? (i.e. - fears, eating likes/dislikes, social/emotional difficulties) _____

In case of illness or accident at school when you are unable to contact me by telephone, I give my legal consent to have my child taken to the following physician:
(If you have no physician, write "School's Choice"). Family Physician: _____ Tele # _____
What health problems does this student have? _____ DATE OF LAST THREE-IN-ONE OR TETANUS BOOSTER _____

KNOWN ALLERGIES TO DRUGS: YES _____ NO _____ IF YES, PLEASE LIST DRUGS: _____

POSSIBLE EMERGENCY HEALTH PROBLEMS 1. SEIZURES/EPILEPSY 2. BEE STING ALLERGY 3. DIABETIC 4. SEVERE HEART PROBLEM
5. ASTHMA 6. PHYSICAL PROBLEM (LIMITED PHYSICAL ACTIVITY, ETC.) 7. SEVERE ALLERGY (EXPLAIN) _____
8. OTHER (EXPLAIN) _____ DOES YOUR CHILD TAKE ANY MEDICATION CONTINUOUSLY: YES _____ NO _____ IF SO, WHAT AND AMOUNT _____ HAS SHE/HE ANY VISION OR HEARING PROBLEMS WHICH WOULD AFFECT HER/HIS SCHOOL WORK? _____

ANY OTHER PHYSICAL CONDITION(S) THE SCHOOL SHOULD BE AWARE OF? _____
UNIFORMED CONSENT: BREA OLINDA UNIFIED SCHOOL DISTRICT IS EXTREMELY PROUD OF ITS INSTRUCTIONAL PROGRAM IN ATHLETICS, PHYSICAL EDUCATION AND ACTIVITIES. EVERY PRECAUTION AND SAFEGUARD IS TAKEN TO INSURE THE SAFETY OF OUR STUDENTS. HOWEVER, PRECEDENTS SET BY RECENT LITIGATION HAVE CREATED A DEMAND ON SCHOOL DISTRICTS TO WARN STUDENTS OF THE RISK INVOLVED IN ATHLETIC/ACTIVITIES PARTICIPATION, AN INJURY, PARALYSIS, AND IN SOME EXTREME CASES, DEATH CAN OCCUR IN ANY ENDEAVOR. YOUR SIGNATURE ON THIS CARD INDICATES THAT YOU HAVE READ THIS STATEMENT.

DISASTER EVACUATION INSTRUCTIONS

In the event of a disaster, state law authorizes school authorities to release students to parents/guardians or other adults as approved by parents. Telephones may be useless in a disaster such as an earthquake, and you may be unable to come to school to obtain the release of your child. Therefore, please list other adults (neighbors, friends, etc.) who could come to school for your child. This list will ONLY be used in the event of a disaster evacuation. In a disaster evacuation, my daughter/son may be released to any adult listed below.

NAME _____ RELATIONSHIP _____ TELEPHONE # _____

Name of out-of-state contact: _____

Parent Signature: _____

**BREA OLINDA UNIFIED SCHOOL DISTRICT
PHOTO RELEASE FORM**

A request has been made to have your student photographed by BOUSD Department of Child Development Services for pictures of activities for Summer 2017 and School Year 2017-2018.

Please complete and sign the form below.

(PLEASE RETURN THIS PORTION TO
THE BOUSD DEPARTMENT OF CHILD DEVELOPMENT SERVICES)

I give my permission for _____
to have his/her picture taken for _____ pictures of activities _____
for _____ Summer 2017 and School Year 2017-2018 _____

*I do not give my permission for _____
to have his/her picture taken for _____ pictures of activities _____
for _____ Summer 2017 and School Year 2017-2018 _____

***If you choose not to let your child be photographed, please be sure to make your child aware of your decision.**

Parent/Guardian Signature _____

Student Name _____

School of Attendance _____

BREA OLINDA UNIFIED SCHOOL DISTRICT

OFF CAMPUS TRIP PERMISSION FORM

I hereby give my consent for the student named below to participate in off campus sports/activities sponsored by the Brea Olinda Unified School District. In case this student becomes ill or is injured, you are authorized to have the student treated and I authorize the medical agency to render treatment. In addition, I am aware of Education Code Section 35330, which provides that all persons making a field trip or an excursion are deemed to have waived all claims against the district for injury, accident, illness or death occurring during or by reason of the trip or excursion.

In addition, I hereby waive all claims against the Brea Olinda Unified School District or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion, whether or not such injury, accident, illness, or death is caused by negligence.

NOTE TO PARENTS: Students riding the school bus to an activity are expected to return by bus. Any deviation from this rule must be approved by parent and sponsoring teacher prior to the event. Although most activity transportation is done by bus, some events and groups require the use of private cars. The Brea Olinda Unified School District does not carry medical or dental insurance for students injured on school premises while under school jurisdiction or through school district activities.

Name of Student _____ School of Attendance _____

Address _____ City _____

Home Phone _____ Grade _____ Birthdate _____

Father's Wk # _____ Cell # _____ Mother's Wk # _____ Cell# _____

Emergency Name _____ Telephone # _____

Doctor's Name _____ Telephone # _____

Does the student have any injury or physical condition that should be watched?

YES _____ NO _____

Please explain:

Parent/Guardian Signature

Date

BREA OLINDA UNIFIED SCHOOL DISTRICT

TRANSPORTATION PASSENGER PROFILE

Participant's Name: _____

Site/Location Name: _____

Sex: *Male* *Female* Height: _____

Birthdate: _____

Age: _____

For identification purposes, please attach a recent photo of your child: