

HOPE 4 KIDS 2023 SUMMER CAMP ADMISSIONS APPLICATION

Summer Camp is for children ages 4 to 7 years (some 3-year-olds may be accepted if s/he is potty trained and able to work well with older children). Please contact the school office at 805-682-2300 x0 or cheri@h4kelc.org for information.

Location preference: ☐ La Cumbre Road, SB ☐ Cathedral Oaks Road, SB ☐ Hollister Ave, Goleta ☐ Any location, we are flexible!

Child's Last Name _____ First Name _____ Gender ☐ M ☐ F
Child's Age _____ Date of Birth _____ Grade next fall _____ Is your child potty trained? ☐ Yes ☐ No
Address _____ City _____ Zip _____
Parent/Guardian #1 Name _____ Parent/Guardian #2 Name _____
Parent/Guardian #1 Work Place _____ Parent/Guardian #2 Work Place _____
Parent/Guardian #1 Work Phone _____ Parent/Guardian #2 Work Phone _____
Parent/Guardian #1 Cell _____ Parent/Guardian #2 Cell _____
Parent/Guardian #1 Email _____ Parent/Guardian #2 Email _____
Emergency Contact Person's Name _____ Emergency Contact Person's Relationship to Child _____
Emergency Contact Person's Work # _____ Cell _____

My child will attend Hope 4 Kids Summer Camp on the following dates:

- ☐ June 26 – 30: Adventure Camp
- ☐ *July 3 – 7: Fantasy & Imagination Camp
- ☐ July 10 – 14: Animal Allies Camp
- ☐ July 17 – 21: Maps & Paths Camp
- ☐ July 24 – 28: Special Places Camp
- ☐ Jul 31 – Aug 4: Small Worlds Camp
- ☐ Aug 7 – 11: Hunting & Gathering Camp

**Closed for Independence Day.
Camp themes may change without notice based on Program needs.*

Summer Camp Tuition Rates:

Full Day = 7:30am-5:30pm

**We close Fridays at 5:00pm*

Contact us to see if part-time schedules are available.

Registration Fee \$25 per week or \$175 for the year!

5 or 4 full days \$400 per week

3 or 2 full days \$350 per week

5 full days/mo \$1,595 per month

4 full days/mo \$1,595 per month

1. Payment of tuition and registration are due prior to the first day of your child's attendance.
2. All returned checks will incur a \$50 charge. Fees are due immediately. Two returned checks will jeopardize your child's continued enrollment.
3. Late pickup fees are \$25 per 10-minute increment, per child and begin at 12:30pm for morning and 5:30pm for other schedules (5pm on Fridays). Late pickups are assessed automatically and are due immediately. Upon the third occurrence, late fees are tripled and your child's enrollment may be in jeopardy.
4. Lunches not provided by the parent/guardian by 11:00am will be provided by the Program at the rate of \$10 per meal.
5. In case of accidental overpayment, credit will be applied in the amount of the overpayment toward future tuition.
6. A physician's report with information confirming that your child's immunizations and TB test results are completely up-to-date is required **prior to admission**.
7. Children's records will be kept confidential with the following exceptions: licensing agency, teachers, and the Program's administrative staff.
8. The Director of the Program reserves the right to immediately terminate this agreement and discontinue (disenroll) any child's participation by giving written notice to the child's Parent(s)/Guardian(s) and refunding the unused portion of any prepaid tuition fees.
9. This agreement is based strictly on weekly enrollment periods. No credit will be given or substitution of days allowed for absences, for the scheduled closure of the Program (including holidays, staff in-service, staff development days, vacation, etc.), or for emergency closures including pandemics and acts of God.
10. Parent(s)/Guardian(s) acknowledge and agree that the Program shall not be responsible for lost or stolen articles.
11. Parent(s)/Guardian(s) have a right to enter and inspect the Program in accordance with Health and Safety Code Section 1596.857.
12. Parent(s)/Guardian(s) understand that the Program does not administer medication. Exceptions: over-the-counter medication in the form of diaper cream and sunscreen ONLY.
13. Authorized representatives of Community Care Licensing, California Department of Social Services shall have the right to enter and inspect the Program in accordance with Health and Safety Code Sections 1596.852 and 1596.853.

The undersigned Parent(s)/Guardian(s), agree to hold Missionary Church of Santa Barbara, Inc., DBA Hope Community Church and Hope 4 Kids Early Learning Centers, its officers, employees, elders, volunteers, and agents harmless from and against any and all liability, loss, expense including reasonable attorney's fees, or claims for injury or damages arising out of my child's participation in this Program, which is not caused by or result from the negligent or intentional acts or omissions of Missionary Church of Santa Barbara, Inc., DBA Hope Community Church and Hope 4 Kids Early Learning Centers, its officers, employees, elders, and volunteers and agents. I have received and read the Hope 4 Kids Family Handbook and agree to comply with its terms, conditions, and policies. I have received the Hope 4 Kids Emergency Disaster Procedures and Information. The undersigned agrees to these terms and conditions and are financially responsible.

Parent(s)/Guardian(s) #1 Printed Name _____ Parent(s)/Guardian(s) #2 Printed Name _____
Parent(s)/Guardian(s) #1 Signature _____ Parent(s)/Guardian(s) #2 Signature _____
Program Staff Signature _____ Date _____