



WELCOME TO KIDS COUNTRY SUMMER CAMP 2018

We know your child will have a memorable summer here with us! We believe the following guidelines will help answer some frequently asked questions:

GENERAL GUIDELINES:

Our hours of operation depend upon the site and program.

SUMMER CAMP TYPE	LOCATIONS	HOURS OF OPERATION
TRADITIONAL	Bollinger Canyon, Creekside, Greenbrook, Quail Run, Rancho Romero, Sycamore Valley, Twin Creeks, Vista Grande & Walt Disney	7:00AM – 6:30PM
STEAM SPECIALTY	Coyote Creek	7:30AM – 6:30PM
EXTREME	Montevideo	7:30AM – 6:30PM
WIGALO	John Baldwin	7:30AM – 6:30PM
SUMMER SCHOOL CAMPS	Creekside, Greenbrook, Quail Run & Twin Creeks	Noon – 6:30PM

- If someone other than you will be picking up your child, please send a written note or email and ask that person to have identification with him or her at the time of pick up.
- Please sign your child in and out on a daily basis with your full signature in ink and include the time even though we charge by the week.
- **LABEL, LABEL, and LABEL.** Label all personal items with your child's name
- We cannot be responsible for lost or damaged toys. Please leave personal items at home.
- Please provide your child with waterproof sunscreen. Label the container with his/her name.
- We encourage all children to bring a swimsuit and towel daily.

Field Trips

- Please refer to the Summer Camp Brochure (coming in February) for programs and sites with available field trips. Not all sites or programs include off-site field trips.
- Be sure to fill out the attached permission slip completely. Each child **MUST** have a signed permission slip on file to attend any field trips.
- Camp T-shirt must be worn on all field trips (not on swim days).
- Field Trip lunches should be placed in disposable bags (no Tupperware). Drinks should be in disposable containers (**NO GLASS BOTTLES**).

Lunches

- Please send your children with a nutritious lunch daily that is nut free. Please send either fruit juice or water; no carbonated drinks are allowed.
- We do not have the storage capacity to put lunches in the refrigerator or to microwave food items.
- **Due to the rising number of children with severe nut allergies, all our sites are Nut Free Zones.**



SUMMER CAMP REGISTRATION 2018

Name of Child: _____ Age: _____ Gender: M F

Grade 2018-2019: _____ Enrolled with KC? No Yes Site: _____

Student ID #: _____ Names of siblings enrolled with KC: _____

T- Shirt Size (please circle one) Youth S Youth M Youth L Adult S Adult M Adult L

Please carefully review the 2018 Summer Brochure (coming in February) for camp descriptions, age requirements, and camp hours before selecting your camps each week you would like your child to attend.

SITE:	WEEK 1: June 4-8	WEEK 2: June 11-15	WEEK 3: June 18-22	WEEK 4: June 25-29	WEEK 5: Jul 2-6 <small>(4 day wk)</small>	WEEK 6: Jul 9-13	WEEK 7: Jul 16-20	WEEK 8: Jul 23-27	WEEK 9: Jul 30-Aug 3	WEEK 10: Aug 6-9 <small>(4 day wk)</small>
Bollinger Canyon	___Traditional	___Traditional	___Traditional	___Traditional	___Traditional	___Traditional	___Traditional	___Traditional	___Traditional	___Traditional
Creekside <small>(*Summer School see below)</small>	___Traditional	___Traditional	___Traditional	___Traditional	___Traditional	___Traditional	___Traditional	___Traditional	___Traditional	___Traditional
Coyote Creek	___Specialty	___Specialty	___Specialty	___Specialty	___Specialty	___Specialty	___Specialty	___Specialty	___Specialty	___Specialty
Greenbrook <small>(*Summer School see below)</small>	___Traditional	___Traditional	___Traditional	___Traditional	___Traditional	___Traditional	___Traditional	___Traditional	___Traditional	___Traditional
John Baldwin	___Wigalo*	___Wigalo*	___Wigalo*	___Wigalo*	___Wigalo*	___Wigalo*	___Wigalo*	___Wigalo*	___Wigalo*	___Wigalo*
Montevideo	___X- Camp	___X- Camp	___X- Camp	___X- Camp	___X- Camp	___X- Camp	___X- Camp	___X- Camp	___X- Camp	___X- Camp
Quail Run <small>(*Summer School see below)</small>	___Traditional	___Traditional	___Traditional	___Traditional	___Traditional	___Traditional	___Traditional	___Traditional	___Traditional	___Traditional

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Rancho Romero	___Traditional	___Traditional	___Traditional	___Traditional	___Traditional	___Traditional	___Traditional	___Traditional	___Traditional	___Traditional
Sycamore Valley	___Traditional	___Traditional	___Traditional	___Traditional	___Traditional	___Traditional	___Traditional	___Traditional	___Traditional	___Traditional
Twin Creeks <i>(*Summer School see below)</i>	___Traditional	___Traditional	___Traditional	___Traditional	___Traditional	___Traditional	___Traditional	___Traditional	___Traditional	___Traditional
Vista Grande	___Traditional	___Traditional	___Traditional	___Traditional	___Traditional	___Traditional	___Traditional	___Traditional	___Traditional	___Traditional
Walt Disney	___Traditional	___Traditional	___Traditional	___Traditional	___Traditional	___Traditional	___Traditional	___Traditional	___Traditional	___Traditional

*Four year olds must be registered for TK to attend Wigalo Summer Camp

**Children must be in Grades 2nd-5th (Ages 7-12) to enroll

SUMMER SCHOOL CAMP: CAMP AFTER SUMMER SCHOOL				
*No Summer School/ Summer School Camp Week 1				
SITE	WEEK 2: June 11-15	WEEK 3: June 18-22	WEEK 4: June 25-29	WEEK 5: Jul 2-6 <i>(4 day wk)</i>
Creekside	___Summer School Camp	___Summer School Camp	___Summer School Camp	___Summer School Camp
Greenbrook	___Summer School Camp	___Summer School Camp	___Summer School Camp	___Summer School Camp
Quail Run	___Summer School Camp	___Summer School Camp	___Summer School Camp	___Summer School Camp
Twin Creeks	___Summer School Camp	___Summer School Camp	___Summer School Camp	___Summer School Camp

SUMMER CAMP FEES:

- **\$305** per week/**\$290** sibling discount
- **Prorated payment for 4-day weeks: \$250** per week /**\$235** sibling discount (**Week 5:** July 2-6; **Week 10:** August 6-9)
 - **CLOSED for Independence Day on Wednesday, July 4, 2018**
 - **CLOSED for Kids' Country Staff Development Day on Friday, August 10, 2018**
- **Summer School Camp:** **\$250** per week/**\$235** sibling discount
 \$200 per week/**\$190** sibling discount (**Week 5:** July 2- July 6)
- Camp fees must be paid in full prior to the start of the month.
- Cancellation fee is **\$100** for each week, if weekly services are cancelled after invoices are issued.
- Late payment fee is **\$25**.
- There is a change fee of **\$25** for requesting a change from a selected week to a different week after invoices are issued.
- Change requests can only be honored on a space available basis.
- Late pick up fee is **\$5** per minute per child. (**Note: Camp hours and closing times vary per location.**)

PHOTO/VIDEO RELEASE:

My signature below indicates that I give permission for my child to be photographed (still or video) while participating in activities at Kids' Country. Photographs and/or videos will be used for the sole purpose of promoting Kids' Country programs. These photographs and/or videos may be used for site albums, program brochures, media productions, advertisements, news articles, social media posts or publication to our website: www.kidscountry.org. Photographs and/or videos will not be accompanied by the last name of any child. Photographs and/or videos will be taken during regular childcare activities such as field trips, clubs, outdoor activities, and free choice times.

In addition, I knowingly will not seek any form of compensation or remuneration from Kids' Country, or its agents, for the use of my child's presence in a photograph and/or video.

I have read the above contract and agree to abide by its terms

PARENT/GUARDIAN SIGNATURE

DATE

PRINT PARENT/GUARDIAN FIRST/LAST NAME

SITE DIRECTOR SIGNATURE

DATE



120 Town and Country Drive, Danville, CA 94526
PH: (925) 743-9108 FAX: (925) 362-3954
Website: www.kidscountry.org
Fed. I.D.# 68-0068072

CAMPER EMERGENCY CARD

CAMPERS' NAME: _____ DATE OF BIRTH: _____

KIDS' COUNTRY SITE: _____ DATE OF ADMISSION: _____ M / F

STUDENT ACCT. #: _____ PARENT ACCT. #: _____

HEALTH ISSUES / DIETARY RESTRICTIONS: _____

PARENT/GUARDIAN NAME: _____ HOME PH: _____

RELATIONSHIP: _____ CELL PH: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

EMPLOYER: _____ WORK PH: _____

OCCUPATION: _____

EMAIL: _____

PARENT/GUARDIAN NAME: _____ HOME PH: _____

RELATIONSHIP: _____ CELL PH: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

EMPLOYER: _____ WORK PH: _____

OCCUPATION: _____

EMAIL: _____

ADDITIONAL PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY AND/OR BE CONTACTED IN AN EMERGENCY

1. NAME: _____ HOME PH: _____

RELATIONSHIP: _____ CELL PH: _____

2. NAME: _____ HOME PH: _____

RELATIONSHIP: _____ CELL PH: _____

3. NAME: _____ HOME PH: _____

RELATIONSHIP: _____ CELL PH: _____

PHYSICIAN OR DENTIST TO BE CONTACTED IN CASE OF AN EMERGENCY

PHYSICIAN NAME: _____ PH: _____

DENTIST NAME: _____ PH: _____

MEDICAL PLAN #: _____ DENTAL PLAN #: _____

DO BOTH PARENTS LIVE WITH THE CHILD? _____ IF NO, WHICH PARENT HAS PRIMARY CUSTODY? _____

WHO IS RESPONSIBLE FOR PAYMENT OF CHILDCARE TUITION? _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____



KIDS COUNTRY SUMMER CAMP 2018 ACTIVITIES PERMISSION SLIP

I do hereby give my permission for my child to participate in the Kids' Country Summer Camp activities, field trips, and swimming trips. I understand they will be transported by First Student bus services, commercial bus, or by Kids' Country vans. I give my permission for any emergency medical or dental treatment necessary by a licensed physician or dentist.

The undersigned, in consideration of participation in this field trip, agrees to indemnify and hold the San Ramon Valley School-Age Child Care Alliance, Inc. (SRVSACCA), dba Kids' Country, harmless and release the SRVSACCA, its officers, employees, and agents from any and all liability for any injury arising out of, or in any way connected with, participation in these field trips.

I HAVE READ THE ABOVE AGREEMENT AND FULLY UNDERSTAND THAT MY SIGNATURE ON THIS FORM AFFIRMS THAT I ASSUME RISK FOR ANY INJURIES MY CHILD MAY INCUR.

NAME OF CHILD _____

NAME OF PARENT/GUARDIAN _____

PARENT/GUARDIAN
SIGNATURE _____ DATE _____

WORK PH _____ CELL PH _____

DOCTOR'S
NAME _____ PHONE _____

MED. REC # _____

DENTIST
NAME _____ PHONE _____