

# Summer Camp 2018

## At Courtyard School



*\* Open to the public  
(5 years - 8<sup>th</sup> grade)*

*\* Flexible hours:  
7:00 a.m. to 6:00 p.m.*

*\* Half and full day rates available*

*\* Tuition includes breakfast, lunch,  
afternoon snack, daily activities, field  
trips, academic enrichments, and  
before and after camp care*

*\* Air-conditioned campus*

*\* Engaging indoor and  
outdoor activities*

*\* Weekly field trips or  
exciting on-site events*

*\* CPR and First Aid certified staff*

*\* Popular weekly themes such as  
Art, Science, Challenge,  
and Superhero*

*\* Daily academic review*

Our experienced, caring, and professional staff provides campers with the opportunity to have fun and continue learning throughout the summer, through weekly themes, on-site events, activities tailored for each age group, and daily academic enrichment.

Campers have academic review daily to retain their classroom skills and enter their new grades in the fall feeling confident and prepared.

Our campus is open from 7:00 a.m. to 6:00 p.m., with camp activities taking place from 9 a.m. to 3:00 p.m. For your convenience, before and after camp care, lunch, and most field trips are included in the weekly tuition.

Please refer to the Camper Information and Registration Form for weekly themes, field trips and on-site events.

# Courtyard Summer Camp 2018 Registration Form

Thank you for choosing Courtyard Summer Camp 2018 for your child! Please complete the registration form on the following page and return it to Courtyard at the address below or fax to (916) 442-5398.

## **REGISTRATION INFORMATION AND INSTRUCTIONS:**

\* Please sign up and have your paperwork turned in as soon as possible and by April 12<sup>th</sup>, 2018. Late registration will depend on available spaces.

\*Please review the camp schedule and select the weeks your child will attend. Mark the week(s) your child will attend with an "F" for full time (more than 5 hours daily) or an "H" for half time (5 hours or less daily). If your child is attending half time please indicate either a.m. or p.m.

\*Pricing is as follows (per child):

- Weekly rate (if registered by April 12<sup>th</sup> and a Courtyard student): \$240
- Weekly rate (if registered after April 12<sup>th</sup> and a non-Courtyard student): \$260
- Half-day rate: /week (5 hours or less), A.M. or P.M., \$130 for Courtyard students, \$140 for non-Courtyard students
- Single-day rate: \$55
- 10% discount for eldest sibling
- The following week is discounted due to reduced schedule: July 2<sup>nd</sup>-6<sup>th</sup> (closed for July 4<sup>th</sup>)- \$208 for non-Courtyard students, \$192 for Courtyard students

\*Your child is enrolled once the completed registration form, field trip permission slip, and Form 1 are received and the first week of camp fees are paid. **Camp fees are not billed: They are due in advance, the Monday prior to the first day of each camp week your child will attend. We accept cash or check payable to Courtyard.**

\*Please be advised that the last day of Camp is August 24<sup>th</sup>.

**Cancellation Policy:** If you have a change in your schedule, please provide at least 7 days notice to Melissa Krause at: [mkrause@courtyard.org](mailto:mkrause@courtyard.org).

**Field trips:** Please be sure to fill out the Field Trip Permission & Emergency Authorization form. This form will allow your child to attend all Summer Camp field trips. Additional information will be available at the beginning of each week including specifics about each field trip (dates, times, and destinations). Field trip costs are included in the weekly Summer Camp tuition with the exception of two field trips to Raging Waters and Pipeworks.

For further information, please contact Melissa Krause at the above email address or call (916) 442-5395.

205 24<sup>th</sup> Street, Sacramento, CA, 95816, [www.courtyard.org](http://www.courtyard.org)

## CAMPER INFORMATION AND REGISTRATION FORM

Camper's Name: _____	Camper's Grade in fall '17: _____
Camper's Shirt Size: (children's sizes)	Male/Female: _____
Small   Medium   Large   X-Large   Adult Medium	
Parent/Guardian: _____	
Address: _____	
_____	Work #: _____
_____	Home #: _____
Email: _____	Cell #: _____

Place an "F" next to the weeks your child will be attending as a full day camper and an "H" next to the weeks that your child will be attending only half days. Next to the "H" please indicate if they are attending during a.m. or p.m. Please return this form with your first week's tuition.

<u>Selection</u> (H or F)	<u>Week</u>	<u>Theme</u>	<u>Field Trip/ On-Site Event</u>
_____	June 18-22	Teambuilding	Ice Cream Social
_____	June 25-29	Art	Art Beast (K-2 <sup>nd</sup> ), Art Gallery Tour (3 <sup>rd</sup> -8 <sup>th</sup> )
_____	July 2-6*	Visiting the States	California Museum (All grades)
_____	July 9-13	Science	Sacramento Zoo (K-4 <sup>th</sup> ), On-site Event (5 <sup>th</sup> -8 <sup>th</sup> grades)
_____	July 16-20	Superheroes	On-site Event: Superhero Training (K-2 <sup>nd</sup> ), Pipeworks (3 <sup>rd</sup> -8 <sup>th</sup> )
_____	July 23-27	Wilderness Survival	Outdoor Adventure (K-2 <sup>nd</sup> ), Laser Tag (3 <sup>rd</sup> -8 <sup>th</sup> )
_____	July 30- Aug 3	Performing Arts	On-site Event: Performance (all campers)
_____	August 6-10	Courtyard Challenge	McKinley Park (K-2 <sup>nd</sup> ), Raging Waters (3 <sup>rd</sup> -8 <sup>th</sup> )
_____	August 13-17	Media	Local Movie Theatre (all grades)
_____	August 20-24	Community and Compassion	On-site Event: Community Service (all campers)
* Campus Closed on July 4 <sup>th</sup>			

**COURTYARD SCHOOL**  
**Field Trip Permission & Emergency Authorization**

In accordance with the Courtyard Field Trip Refund Policy, all field trip fees are due upon request and once paid are non-refundable. Please return this form and payment if applicable, to your child's teacher.

My son/daughter has permission to participate in the Courtyard field trip on all dates of Summer camp  
to all destinations. The cost to attend this field trip is \$ n/a

Approximate departure time: tba Approximate return time: tba

I understand transportation will be:

- ☒ Students will be walking and/or ☒ Students will be taking a bus
- ☐ I can drive & have seatbelts for \_\_\_\_\_ students. Driver name: \_\_\_\_\_
- ☐ I would like to chaperone but not drive ☐ I cannot attend this trip

My cellular number is: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

**Authorization to Consent to Emergency Treatment of Minor**

(I) (We), the undersigned, parent(s)/guardian(s) of the above listed minor, do hereby authorize Courtyard School as agents for the undersigned in our absence, to consent to x-ray examinations, anesthetic, medical or surgical diagnosis or treatment; hospital care which is deemed advisable by and is to be rendered under the general or special supervision and upon the advice of any physician or surgeon licensed under the Medicine Act, whether such diagnosis or treatment is rendered at the office of said physician or at any duly licensed medical facility.

It is understood this authorization is given in advance of any specific diagnosis, treatment or hospital care required, but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent in any medical emergency to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of best judgment may deem advisable. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Please provide details below if there is any change to the emergency information that is already on file with the school.**

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Person to Contact in Emergency: \_\_\_\_\_ Phone: \_\_\_\_\_

*Pertinent Medical details regarding above minor are:*

Is there any medical condition that should be called to the attention of the supervisory staff? ☐ Yes ☐ No

If yes, please describe: \_\_\_\_\_

Is there any medication taken regularly? ☐ Yes ☐ No

If yes, please describe: \_\_\_\_\_

# Form 1

In the event of a schoolwide emergency, it is important that we have the most complete information about how to contact you. Please complete this form with as much detail as you can and provide updates as contact information changes.

CHILD'S LAST NAME FIRST INITIAL SEX DOB GRADE

## 1<sup>ST</sup> PARENT CONTACT:

NAME HOME WORK  
CELL EMAIL  
HOME ADDRESS CITY ZIP  
OCCUPATION EMPLOYER

## 2<sup>ND</sup> PARENT CONTACT:

NAME HOME WORK  
CELL EMAIL  
HOME ADDRESS CITY ZIP  
OCCUPATION EMPLOYER

## IN THE ABSENCE OF PARENT(S), CALL:

3<sup>RD</sup> CONTACT HOME WORK  
CELL EMAIL  
HOME ADDRESS

In the event of an emergency, I would like to be contacted as follows (please describe in detail):

## PLEASE INDICATE ACTION DESIRED IN THE EVENT OF AN ACCIDENT OR EMERGENCY (CHECK BOX 1 OR 2)

1. ☐ In the event of an accident or other emergency, when a parent is unavailable, I hereby authorize a representative of the school to make such arrangements as he/she considers necessary for my child to receive medical or hospital care, including necessary transportation. Under such circumstances, I further authorize the physician named below to undertake such care and treatment of my child as he/she considers necessary. In the event said physician is not available at the time, I authorize such care and treatment to be performed by any licensed physician or surgeon.

PHYSICIAN NAME MEDICAL REC. NO. MILITARY I.D. NO.  
PHYSICIAN ADDRESS PHYSICIAN PHONE

2. ☐ I do not choose the above statement and desire the following action

THE UNDERSIGNED HEREBY AGREES TO BEAR ALL COSTS INCURRED AS A RESULT OF THE FOREGOING.

X  
PARENT'S SIGNATURE DATE

PLEASE CHECK HERE IF THERE ARE NO KNOWN HEALTH PROBLEMS ☐



PLEASE CHECK THE FOLLOWING ITEMS AS THEY PERTAIN TO YOUR CHILD:

	Yes	No	Comments
Known eye condition or defect in vision	_____	_____	_____
Wears glasses	_____	_____	_____
Wears contact lenses	_____	_____	_____
Known hearing problem	_____	_____	_____
Uses hearing aid	_____	_____	_____
Asthma	_____	_____	_____
Heart condition	_____	_____	_____
Fainting spells	_____	_____	_____
Epilepsy	_____	_____	_____
Hyperactive	_____	_____	_____
Diabetes	_____	_____	_____
Allergies (please specify)	_____	_____	_____
Has a physical condition which limits participation in activities	_____	_____	_____
Other (please specify)	_____	_____	_____
Taking prescribed medication	_____	_____	_____

**\*\*Medication Release Form must be completed if medications are to be given during school hours.**

FIELD TRIP PERMISSION

My son/daughter has permission to participate in Courtyard School’s field trips. I understand that as a parent I am welcome to attend my child’s field trips by giving Courtyard School prior notice of attendance and pay any necessary fees associated with the field trips. I understand that some field trips during the school year may have limited parent participation. I am aware that as part of the regular program of instruction at Courtyard, teachers often take students on short field trips to various sites within walking distance of the school. I understand that all transportation will be by walking, regional transportation, and chartered bus.

AUTHORIZATION TO CONSENT TO EMERGENCY TREATMENT OF MINOR

(I) (We), the undersigned, parent(s)/guardian(s) of the above a minor, do hereby authorize Courtyard School as agents for the undersigned in our absence, to consent to X-ray examination, anesthetic, medical or surgical diagnosis or treatment; hospital care which is deemed advisable by and is to be rendered under the general or special supervision and upon the advice of any physician and surgeon licensed under the Medicine Act, whether such diagnosis or treatment is rendered at the office of said physician or at any duly licensed medical facility.

It is understood this authorization is given in advance of any specific diagnosis, treatment, or hospital care required, but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent in any medical emergency to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of best judgment may deem advisable. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.

<u>X</u>	_____	_____
PARENT’S SIGNATURE		DATE

AUTHORIZATION TO PICK UP CHILD

I hereby give standing permission for the following individuals to pick up my child. I understand that if persons other than the parent/guardian(s) will be picking up my child, I must call and give written or verbal authorization to the school. Children will not be released to individuals without permission from the parent/guardian.

Please list any custody information that the school should be aware of on a separate sheet of paper. Expanded Authorization forms are available if needed.  
Please print clearly.

Name	Relationship	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I understand that all the information above is correct and true. I understand that the school will be notified if any changes are to be made.

<u>X</u>	_____	_____
PARENT’S SIGNATURE		DATE