

2018 WINTER CAMP

AT PALMS PARK

WEEKLY

DAY CAMP

AGES: Entering grades K-5th in Fall 2018
HOURS: 9:00am-3:00pm (Extended Care available)

WEEK 1: Dec. 18-22 Monday-Friday \$200
WEEK 2: Dec. 26-29 Tuesday-Friday \$160

No camp on Monday, December 25, 2017.

CAMP 2950

AGES: Entering grades 6-8th in Fall 2018
HOURS: 9:00am-3:00pm (Extended Care available)

WEEK 1: Dec. 18-22 Monday-Friday* \$200
WEEK 2: Dec. 26-29 Tuesday-Friday \$160

*Tuesday/Thursday Trips via public transportation TBA
 No camp on Monday, December 25, 2017.

We are CLOSED on Monday, December 25, 2017.

DAILY

DAILY REG. FOR DAY CAMP & CAMP 2950

Limited number of spaces available for per-day registration.

AGES: Entering grades K-8th in Fall 2018
HOURS: 9:00am-3:00pm (Hourly Extended Care available)

WEEK 1: December 18 - 22 (M, Tu, W, Th or F) \$50/day
WEEK 2: December 26 -29 (Tu, W, Th or F) \$50/day

*Daily registration availability is limited and not guaranteed for each day.

EXTENDED CARE

Extended Care is available from **7:30-9:00 a.m.** & **3:00-6:00 p.m.** at \$10 per hour when you pay-as-you-go. **"Early Bird" Unlimited Extended Care** will be available for purchase at a discounted price from November 6 - December 17, and then at full price thereafter.

	Early Bird Rate	Regular Rate
Week 1	\$75	\$85
Week 2	\$60	\$68



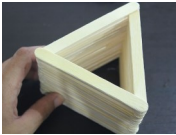

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

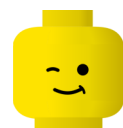
18	19	20	21	22
Full S.T.E.A.M. Ahead Cooking: Mini Pineapple Up-side-down Cakes	Marble Maze 	Balloon Fidget Ball 	Craftstick Catapults & Towers 	Annual Silly Sweater Holiday Party 

25

**NO
CAMP**



26 LEGO MANIA



Cooking :
Sushi Rolls w/JR

27 Lego Blueprints



27 Lego Puzzle Challenge



Lego Puzzle
Challenge

28 Lego Character Dress Up



PIZZA LUNCH

ONLINE REGISTRATION BEGINS NOVEMBER 6, 2017 @ reg.laparks.org

The programs in this flyer may be subject to change or cancellation. Persons with disabilities are welcome to participate in our programs. Reasonable accommodations will be made with prior arrangements.

PALMS PARK CAMP REGISTRATION FORMS

This form and the Policies and Procedures MUST be filled out **COMPLETELY** and mailed to or dropped off at Palms Park on or before the first day of camp.

FOR OFFICE USE ONLY
Shirt Rec'd _____

ONE FORM PER CHILD. PLEASE PRINT CLEARLY OR TYPE APPLICATION.

Camper's Last Name _____ First Name _____

Birth Date ____/____/____ Age ____ Grade in **Fall 2018** _____ Gender: _____

Parent's Last Name _____ First Name _____

Address _____ City _____ Zip Code _____

Cell Phone _____ Home Phone _____

Work Phone _____ Email _____

PLEASE CHECK APPROPRIATE CAMP GROUP:

- DAY CAMP - ROYAL GROUP (ENTERING K-1ST)**
- DAY CAMP - BLUE GROUP (ENTERING 4-5TH)**
- DAY CAMP - GREEN GROUP (ENTERING 2ND-3RD)**
- CAMP 2950 (ENTERING 6-8TH)**

CONTACT INFORMATION

Parent's Name _____ Primary Phone _____ Other Phone _____

Parent's Name _____ Primary Phone _____ Other Phone _____

EMERGENCY CONTACTS

If I cannot be reached in case of emergency, please call:

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

PICK-UP AUTHORIZATION

I authorize only these additional people to pick up my child(ren):

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Has your child had the following (Please indicate most recent date. Does not need to be completed by physician):

Chicken Pox ___ Mumps ___ Measles ___ Sinus Trouble ___ Ear Infection ___ Tonsillitis ___ Fainting ___ Nosebleeds ___

Does your child have any condition which would prevent him/her from participation in all camp activities? (If so, please explain)

Recommendations and restrictions while at camp:

Any allergies (food, drugs, bee stings, mosquitoes, etc.) _____

Asthma or Hay Fever? ___ Serious Injuries/Illnesses? (If so, please explain) _____

Does your child take medication at present? (Circle one) Yes* No *If your child does take medication, please contact the director to complete additional paperwork. Medication must be in original container(s) and will be retained in the camp office.

Health Care Insurance Provider: _____ Policy #: _____

Primary Physician: _____ Contact Number: _____

POLICIES & PROCEDURES

DAY CAMP & CAMP 2950

Please read carefully before you sign:

Campers must be signed into and out of camp and extended care daily by a person who has been authorized by you. Any person authorized to pick up must have their name on file with the Recreation Center. Palms Park Day Camp is not responsible for children before or after day camp unless they are currently enrolled in Extended Care. Written permission must be provided if you wish your child to be released to anyone other than those authorized on the registration form. Your child will not be released without proper identification.

Day Camp & Camp 2950:

Children not signed out of camp by 3:00 p.m. will automatically be placed in Extended Care and charged \$10.00 per hour. Campers who are not signed out of Extended Care by 6:00 p.m. will be placed in the Recreation Center office and charged a \$5.00 late fee per every 15 minutes or portion thereof. This applies to all children unless they have written parental permission (see below) to sign themselves out of camp. Extended Care must be paid for in advance or at the time it is used. We will not bill you for services rendered.

I understand that my child must wear the appropriate Palms Camp T-Shirt for all camps. Children not wearing an appropriate camp shirt will be given one and charged \$10.00. Staff is not responsible for lost or stolen items.

Please write your child's name on all of their belongings.

REFUND POLICY	A 15% fee will be assessed by the Recreation Center for any Patron granted a refund, change or transfer per child AND per session. No refunds after 5:00pm on the Wednesday prior to the start of each session. No make-ups or credits will be given for missed days.
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I understand and agree to the terms stated above.

Signature of Parent/Guardian _____ Date _____

PARENT CONSENT: I give permission for my child _____ to participate in the Palms Park Day Camp program, including field trips by chartered bus or van. I agree to hold harmless the City of Los Angeles, Department of Recreation and Parks and its officials, agents and employees for injury to my child as a result of participation in Palms Park Day Camps. I understand that neither the park nor the Department of Recreation and Parks carries insurance. I also understand that any camper who does not cooperate with camp staff will lose privileges to activities and can be expelled from camp. I, the undersigned parent(s) of _____, do authorize Palms Park Day Camps as agent for the undersigned to consent to X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or specialized supervision of any physician licensed under the provision of the Medical Practice Act on the staff of a licensed hospital, whether such diagnoses or treatment is rendered at the office of said physician or at said hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but it is given to provide authority and power on the part of aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician or surgeon in the exercise of his best judgment may deem advisable. This authorization shall remain effective until December 31, 2018 unless sooner revoked in writing and delivered to said agents.

Signature of Parent/Guardian _____ Date _____

PERMISSION TO SIGN IN AND OUT OF CAMP		
(ONLY FOR GRADE 4TH-8TH)		
Please be aware that by giving permission for your child to sign in and/or out of camp, the staff and recreation center are in no way responsible for your child until he/she signs in with a counselor & after they've signed out.		
	(Circle)	
My child has permission to sign him/herself INTO camp.	YES	NO
My child has permission to sign him/herself OUT of camp.	YES	NO
PARENT INITIALS _____ DATE _____		

SPECIAL PERMISSION TO RIDE PUBLIC TRANSPORTATION OR WALK TO CHEVIOT HILLS RECREATION CENTER (CAMP 2950 ONLY)		
	(Circle)	
	YES	NO
I give my child permission to ride public transportation (Camp 2950 mini-excursions).		