



HOMENETMEN GLENDALE "ARARAT" CHAPTER SUMMER DAY CAMP ENROLLMENT FORM 2014

Name: _____ Male Female

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

E-mail Address: _____

(a copy of this form will be sent to this email)

Birth Date: _____

Name of Current School: _____ Grade in Sept. 2014: _____

Does your Child have allergies? Yes No List Details:

Father's Name: _____ Mother's Name: _____

Cell: _____ Cell: _____

Work Phone: _____ Work Phone: _____

Emergency Contact (if parent is not available): _____

Relationship to Child: _____ Phone: _____

I hereby authorize my child to be picked-up from Summer Day Camp Activities in my absence by:

Name: _____ Relationship to Child: _____

Name: _____ Relationship to Child: _____

Name: _____ Relationship to Child: _____

Member of Homenetmen Glendale "Ararat" Chapter: Yes No

I learned about Ararat Summer Day Camp from:

Friend Website Camp Flyer School other _____

Week	Date	2 Days	3 Days	4-5 Days
Week 1	6/16-6/20	[]\$120	[]\$170	[]\$220
Week 2	6/23-6/27	[]\$120	[]\$170	[]\$220
Week 3**	6/30-7/3	[]\$120	[]\$170	[]\$190
Week 4	7/7-7/11	[]\$120	[]\$170	[]\$220
Week 5	7/14-7/18	[]\$120	[]\$170	[]\$220
Week 6	7/21-7/25	[]\$120	[]\$170	[]\$220
Week 7	7/28-8/1	[]\$120	[]\$170	[]\$220
Week 8	8/4-8/8	[]\$120	[]\$170	[]\$220

Second child: (10% Discount) []\$108 []\$153 []\$198
W1 [] W2 [] W3 [] W4 [] W5 [] W6 [] W7 [] W8 []

TOTAL _____ + \$10.00 (T-shirt fee) = GRAND TOTAL _____

** This week will be a short week due to the 4th of July holiday.

Approximate drop off time: _____ a.m. Approximate pick up time: _____ p.m.

T-shirt size: [] Youth S (6-8) [] Youth M (10-12) [] Youth L (14-16)
[] Adult S [] Adult M [] Adult L

- FULL PAYMENT FOR THE WEEK IS DUE BY FRIDAY OF THE PREVIOUS WEEK. If deadline is not respected, there will be a \$20 late fee.
- **I understand that there are no credits for missed days and I understand the cancellation policy (See Terms and Conditions)**
- Rates include: care from 7:30 am to 5:30 pm, breakfast, lunch, snacks and field trips.
- Applicants that wish to attend only two or three days a week **cannot start** the week on Wednesday.
- As the parent or legal guardian, I have signed and completed a full enrollment form for my child. I certify that all my information is accurate and correct including address, phone numbers, and persons authorized to pick-up my child, etc.

By signing below, I agree to the terms and conditions of Ararat Summer Day Camp.

Signature

Date

EMERGENCY INFORMATION FORM

Child's Name: _____ Birth Date: _____

Father's Name: _____ Mother's Name: _____

Cell: _____ Cell: _____

Work Phone: _____ Work Phone: _____

CONSENT FOR MEDICAL TREATMENT

As the parent/legal guardian, I hereby give consent to HOMENETMEN GLENDALE "ARARAT" CHAPTER to seek all emergency dental or medical care prescribed by duly licensed physician (M.D.) or dentist (D.D.S.) for _____ in case of illness or accident when neither parent can be located.

This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent.

Child has the following medication/food allergies:

Parent/Guardian Signature

Date

PARENT CONSENT

I, _____ Mother Father Guardian of _____ (Child's Name) agrees and authorize to the following:

Tylenol Consent: Administer Tylenol Yes No

Field Trips & In-House Educational Programs: I authorize my child to participate in any field trips & in-house educational programs organized by Homenetmen Glendale "Ararat" Chapter.

Yes No

Water Play: I authorize my child to participate in supervised water play activities.

Yes No

Photographs & Videos: I authorize Ararat to photograph and video tape my child during his/her camp activities and release these photos and videos to public broadcasting networks or any educational organization for Summer Day Camp introduction purposes.

Yes No

3347 N. San Fernando Rd. Los Angeles, CA 90065

Tel. (323) 256-2564 Fax: (323) 256-0639

Web www.ararat.org E-mail araratkidscamp@yahoo.com