



Mr. A's Amazing Summer Camp Registration 2020

Carmel Valley Community Youth Center

25 Ford Rd, Carmel Valley, CA 93924

P.O. Box 124. E-mail: Office@cvcyc.org

CVCYC is a 501©(3) Non-Profit organization. FEIN 94-1623036

Liability and Procedural Agreements

1. Class Registration

Your child's enrollment in camp is not complete until we have received all the registration information and payment. As there are class size limitations, you will be informed if there is not a space available for a specific class and be given the option to be on a waiting list. There is also a minimum enrollment requirement for each class. If this minimum is not met, we will inform you and give you a full refund for the class. Dates are as follows, **Week 1: July 6th -10th Week 2: July 13th-17th**

2. Child Check In and Out Procedures

For the safety of the students, we ask that you follow the procedures for dropping off and picking up your children for each class they attend: When dropping off children for classes, parents/adults must escort children to the front desk in the community center and initial the enrollment/sign in sheet. At the end of class, parents/adults will need to check in again at the front desk and then come to the classroom to pick up children and initial the sign-out sheet. Please, try to be on time when dropping off and picking up children. **There will be a fee for any late pick-ups.

3. Clothing

Having fun can be messy! Some materials will wash out but others may not. While there will be precautions taken, please be sure your child is dressed appropriately in play clothing and proper running shoes.

4. Artwork and Photo Release

By signing your registration form, you are giving us permission to use your child's artwork and photo for marketing and other promotional materials for the community center. Please let us know if you have any concerns. ☐ Please Check this box, only if you DO NOT want your child's picture or artwork shared.

5. Medical or Other Special Needs

It is your responsibility to let class teachers know of any medical, allergies or any other special needs that the teacher should be aware of for your child's safety.

6. Refunds & Payment

A full refund will only be issued if the class minimum is not met. Otherwise this is a **non-refundable** program. Payment can be submitted by cash, a check made out to CVCYC, or card info via phone or scheduled appointment with carla@cvcyc.org. Payments need to be made in full by June 1st.

7. Disciplinary Policy

While we do not anticipate any problems, we must mention our discipline policy.

To ensure that everyone has an enjoyable and safe class experience, disruptive or dangerous behavior will not be tolerated. While teachers will make every effort to redirect behavior, parents will be called and asked to pick up their child if problem behavior persists. There will be no refund of class fees if a child must leave due to behavioral issues.

By signing and submitting your registration, you are agreeing to all our Liability and Procedural Agreements.

For more information call the Carmel Valley Community Youth Center at: 831-659-3983 or email office@cvcyc.org.



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Parent/Guardian Name(s) _____ Email _____

Address _____ City, State, Zip _____

Home Phone _____ Cell Phone _____

Work Phone _____ Emergency Contact Phone # (other than parent) _____

Emergency Contact Name and Relation: _____

Child's Name: _____ Age: _____ 1 week or 2 Weeks: _____ Extended Care: _____

Fees per week: 1 Child- \$375 2 Children - \$700 Three Children - \$975 Ages 6-13.

Member Discount 10% : 1 Child- \$337.50 2 Children - \$630 Three Children - \$877.50 Ages 6-13.

If any of the students have medical/allergies/special needs, please list details below

Camp Hours:

Monday – Friday:
9am-3pm

Extended Care:
3pm-5pm

** Snack will be provided.
Please pack a lunch!

Camp Fee: _____

CVCYC Member Discount (10%): _____

Extended Care(\$15/per day/per student): _____

New CVCYC Membership: _____

Donation for CVCYC subsidized Families In Need Fund: _____

Total Payment Due: _____

**CVCYC Membership Fee Applied after Discounts Calculated*

Amount: _____ Check # _____ Cash _____ CC _____

Checks made out to CVCYC and cash can be dropped by at 25 Ford Rd. Carmel Valley, CA 93924

I have read and agree to the Liability and Procedural Agreements. **Initial** _____

I hereby release, hold harmless, defend and indemnify The Carmel Valley Community Youth Center(CVCYC), from any and all damages, injuries and causes of action which may accrue to or be asserted by me or any minor child of mine arising directly or indirectly from my minor child's participation in Summer Camp at The CVCYC. **Initial** _____

Signature: _____ **Date** _____

Print Name: _____

Pick up I give The CVCYC permission to release my child to the following people:

Name	Phone Number	Relationship



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