

# “Discovering History through Art”

## Enrichment Summer Day Camp, Kindergarten – 8<sup>th</sup> grade

Application for Enrollment: AMERICAN COLONIES: JUNE 23-27, 2014

Cost: \$150/week 9am-3pm, Plus \$10/day surround care\*      \$175/week to include surround care M-F  
20% sibling discount for additional students enrolled

How did you hear about our day camp? (phone book, internet, friend? who?) \_\_\_\_\_

<i>CHILD'S NAME</i>	<i>SEX</i>	<i>BIRTH DATE</i>	<i>GRADE</i> ( '13 - '14 )
<i>ADDRESS</i> <i>CITY</i> <i>ZIP</i>		<i>HOME PHONE</i> (       )	
<i>FATHER/LEGAL GUARDIAN'S NAME</i>		<i>HOME PHONE</i> (       )	
<i>ADDRESS (IF DIFFERENT THAN STUDENT)</i>		<i>CELL PHONE</i> (       )	
<i>EMPLOYER</i>	<i>OCCUPATION</i>	<i>BUSINESS PHONE</i> (       )	
<i>BUSINESS ADDRESS</i>		<input type="checkbox"/> DO NOT INCLUDE MY INFORMATION ON CAMP ROSTER	
<i>MOTHER/LEGAL GUARDIAN'S NAME</i>		<i>HOME PHONE</i> (       )	
<i>ADDRESS (IF DIFFERENT THAN STUDENT)</i>		<i>CELL PHONE</i> (       )	
<i>EMPLOYER</i>	<i>OCCUPATION</i>	<i>BUSINESS PHONE</i> (       )	
<i>BUSINESS ADDRESS</i>			
<i>HOME EMAIL ADDRESS</i>		<i>STUDENT LIVES WITH</i>	

My child, \_\_\_\_\_, has permission to attend Whittier Friends School day camp and the field trip to Olvera Street, on Thursday, June 26. I understand that I MUST provide a booster or child seat in order for my child younger than 8 years old to attend the field trip.

Signed, \_\_\_\_\_

\*Daily Surround Care payable by cash or check on the day used

## CAMPER EMERGENCY DATA

CHILD'S NAME	SEX	BIRTH DATE
ADDRESS		HOME PHONE
CITY	ZIP	
FATHER/LEGAL GUARDIAN'S NAME		HOME PHONE or BUSINESS PHONE
ADDRESS (IF DIFFERENT THAN STUDENT)		CELL PHONE
MOTHER/LEGAL GUARDIAN'S NAME		HOME PHONE or BUSINESS PHONE
ADDRESS (IF DIFFERENT THAN STUDENT)		CELL PHONE

### PERSONS WHO MAY BE CALLED IN AN EMERGENCY TO PICK UP YOUR CHILD

NAME	ADDRESS	PHONE	RELATIONSHIP

### ADDITIONAL PERSONS AUTHORIZED TO SIGN CHILD OUT OF CAMP

NAME	NAME
NAME	NAME

### PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY

PHYSICIAN MEDICAL PLAN AND NUMBER	ADDRESS	PHONE
DENTIST MEDICAL PLAN AND NUMBER	ADDRESS	PHONE

IF PHYSICIAN CANNOT BE REACHED, WHAT ACTION SHOULD BE TAKEN?

☐ CALL EMERGENCY HOSPITAL      ☐ OTHER      EXPLAIN

IS CHILD REGULARLY TAKING ANY MEDICATIONS? PLEASE LIST:

DOES CHILD HAVE ANY ALLERGIES? PLEASE LIST:

ARE THERE ANY HEALTH CONDITIONS OF WHICH THE CAMP SHOULD BE AWARE? PLEASE EXPLAIN:

AUTHORIZATION TO CONSENT TO EMERGENCY TREATMENT OF A MINOR

The undersigned, who is: (check applicable statement)

\_\_\_\_\_ One of the parents having legal custody

\_\_\_\_\_ The parent having legal custody

\_\_\_\_\_ The legal guardian

\_\_\_\_\_ The person having legal custody

of \_\_\_\_\_ (Child's name), a minor, hereby authorizes Whittier Friends School in Whittier, into whose care said minor has been entrusted, as agents for undersigned to consent to any emergency 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 special supervision of, any physician or surgeon licensed under the provisions of the Medicine Practice Act on the medical staff of any public or private hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. I also consent to any emergency X-ray treatment and hospital care to be rendered to said minor by a dentist licensed under the provisions of the Dental Practice Act.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power of the part of the aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician and/or dentist in the exercise of his/her best judgment may deem advisable.

This authorization is given pursuant to the provision of Section 6910 of the Family Code of California.

This authorization shall remain effective until August 31, 2014 unless sooner revoked by person having legal custody of said minor.

Dated \_\_\_\_\_

\_\_\_\_\_  
Signature of parent having legal custody

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Signature of legal guardian or other having legal custody

\_\_\_\_\_  
Witness

(County of Los Angeles, Department of Social Services)

**Whittier Friends School**