

**HARBOR
CHRISTIAN
SCHOOLS 2026**

HCS SUMMER Camp



Join Us for a Summer of Fun and Adventure!



JUNE 8-AUGUST 14

LOTS of FUN ACTIVITIES!

**Friendships Bible Crafts
Chapel Outdoor Play and much more!**

REGISTRATION FEE \$50 | WEEKLY COST \$175*

- Students entering K through 7th grade in Fall 2026
- June 8 through August 14, 6:30 AM–6:00 PM
- No partial-week options available
- Registration fees are non-refundable. All other fees are non-refundable without a two-week written notice for cancellations.

*4th of July week – 3 days, only \$110 for that week only!

HCS provides a positive environment with counselors who serve as role models, and who care about each child!

Sign up Now... Registration is Limited!



HARBOR CHRISTIAN SCHOOLS SUMMER CAMP

Parent Information • 2026

Office Hours

The school office is open M-F from 6:30AM to 6:00PM.

Sign In & Out

An adult guardian must sign your child in and out every day.

Water Play Days

Children should come dressed in a modest swimsuit under their clothes, and bring an extra t-shirt for a cover-up.

Health and Safety

The health and well-being of our students and staff continue to be our top priority. We promote healthy practices by reinforcing good personal hygiene and disinfecting high-touch areas frequently.

What Not to Bring

All toys, jewelry, money, cell phones, and other electronics should be left at home. We are not responsible for lost items.

Sunscreen

Parents, please apply sunscreen every morning before dropping off your child. We cannot be responsible for re-applying sunscreen during the day. However, parents may send sunscreen that is labeled with your child's name so your child may re-apply it, as needed, during the day.

Adaption to the Program

On occasion, there may be children who do not adapt well to the rapid pace of our daily program activities; Kindergarteners in particular. If such a situation exists after a trial period, we reserve the right to dis-enroll a child from the program if they are not able to adapt. Under such circumstances, a full refund of unused fees will be issued, excluding the registration fee.

Imaging Statement

Parents should notify the program director **in writing** if they do not wish to have their child's picture (video or still) appear in any of our publications, including electronic versions.

Payment

Payments are due the Friday before the week your child is attending. Additional/early payments can be made at anytime in the school office. Payment for the week is due in-full regardless of absent days. Your account must have a zero balance at the start of each week in order for your child to attend subsequent weeks. A service charge of \$40 will be assessed for any returned payments. A \$1 per minute fine will be assessed for each child not picked up by closing.

Adding Weeks

If you have already registered but decide later that you would like to add additional weeks, you can do so by notifying the school office. Payment is due at the time of adding for any weeks added.

Exchanges and Cancellations

Previously registered weeks cannot be changed or cancelled without a **two-week written notice** to receive a refund. Approved cancellations for previously registered weeks will be refunded to the original payment method. All registration fees and program fees are non-refundable.

Insurance

In the unlikely event of an accident, we have accident insurance that can be used as a supplement to an existing family policy. Details are available in the office.

Supervision

Our staff is comprised of men and women who both love the Lord and love children. Our staff has had extensive training and is dedicated to working with and supervising children.

Conduct & Discipline Statement

It is our desire to maintain an environment where all children can have an enjoyable and safe experience. Children and their parents are expected to respect the authority of the counselors and other staff, and to show respect for other children, property, and our program at all times. The parent of any child who is not willing to adhere to the program policies will be contacted to remove their child from camp for that day. Repeat offenders will be removed from the program.

**Please contact the school office
if you have any additional questions!**

We are here to serve you!

P. 310-835-5665



HARBOR CHRISTIAN SCHOOLS SUMMER CAMP REGISTRATION

Child Information (one child per form, please)

Today's Date: ____/____/____

Last Name First Name

Sex: M F Birth Date: _____ Grade in Sept. _____

Allergies: _____

Person who has legal custody of the child? _____

Parent Information

Last Name First Name

Relationship To Child Email Address

Home Address City State Zip

(_____) (_____) _____
Home Phone Cell Phone

Marital Status: Married Divorced Separated Single

How did you first hear about our Program? _____ Is this your child's first *summer* at HCS? Yes No

Where will your child attend school in Sept.? _____

Registration Dates | 2026

Payment Information

Reg. Fee \$ _____ Other \$ _____ Deposit \$ _____

Discount \$ _____ Student Subtotal \$ _____

Grand Total \$ _____

Transaction # _____

Payer _____

Promo Code (if any) _____

Week	Dates	Select (X)
1	6/8-6/12	
2	6/15-6/19	
3	6/22-6/26	
4	6/29-7/1	
5	7/6-7/10	
6	7/13-7/17	
7	7/20-7/24	
8	7/27-7/31	
9	8/3-8/7	
10	8/10-8/14	



HARBOR CHRISTIAN SCHOOLS

SUMMER CAMP

2026

Emergency Card & Parental Consent

Child Last Name: _____ First Name: _____

Address: _____ Birthdate: _____ Grade in Sept: _____

Medical Information

Child Has: Asthma Diabetes Allergic to Bee Stings Epilepsy/Seizures Heart Trouble
 Allergic to: _____ Other: _____

Any Activity Restrictions: _____ Date of Last Tetanus Shot: ____/____/____ Doctor Name: _____

Medical Insurance Provider: _____ Member Number: _____ Doctor Phone: _____

Comments: _____

Parental Consent For Emergency Medical Treatment

Child's Name: _____

The undersigned, _____ who is one of the parents or legal guardian of the above-named child, a minor, who resides at the address listed on same, herein authorizes the adult sponsor of the HCS-Summer Camp for the above stated activity, or any responsible adult person bearing this written authorization into whose said care the above mentioned minor has been entrusted, to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to said minor under the general or specific supervision and upon the advice of a physician and surgeon licensed under the provisions of the California Medicine Practice Act, and to consent to an X-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to said minor by a dentist licensed under the provisions of the California 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 on the part of said adult person to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician or dentist in the exercise of his best judgment may deem advisable. This authorization shall include transportation to receive the medical or dental care.

This authorization shall remain effective until the activity is terminated, unless sooner revoked in writing and delivered to the adult sponsor of aforesaid HCS-Summer Camp activity.

X _____
Parent/Legal Guardian Signature Date

Emergency Information

Father: _____ Cell # _____

Work # _____ Home # _____

Mother: _____ Cell # _____

Work # _____ Home # _____

If unable to notify parents in an emergency, Contact:

Name _____ Relationship _____

Phone 1 _____ Phone 2 _____

Name _____ Relationship _____

Phone 1 _____ Phone 2 _____

Adults authorized to pick up child (Include parent names)

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

California Family Code Section 6910

Authorization of Medical Treatment of Minors

The parent, guardian, or caregiver of a minor who is a relative of the minor and who may authorize medical care and dental care under Section 6550, may authorize in writing an adult into whose care a minor has been entrusted to consent to medical care of dental care, or both, for the minor.