

**HARBOR CHRISTIAN SCHOOLS | SUMMER 2024**



Friendships

Bible Study

Outdoor Play

Chapel

Crafts

*and* **LOTS of FUN ACTIVITIES!**

**JUNE 10 -AUGUST 23, 2024**

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

- Students entering K through 7<sup>th</sup> grade in Fall 2024
- June 10 through August 23, 6:30AM–6:00PM
- No-partial week options available
- Registration fees are non-refundable. All other fees are non-refundable without a two-week written notice for cancellations

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

**➤➤ SIGN UP NOW...REGISTRATION IS LIMITED! ⏪⏩**

**HARBORCHRISTIANSCHOOLS.NET**



# HARBOR CHRISTIAN SCHOOLS

## SUMMER CAMP PAYMENT POLICIES

To better serve our families please take a moment to review our payment policies.

- Payments are due in-full each week. Payments are due the **Friday before each week** that your child is scheduled to attend. Additional/early payments can be made at any time in the school office.
- Payment 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 payment.
- A \$1 per minute fine will be assessed for each child not picked up by closing.
- Additional weeks may be added as needed, based on availability. Weeks may be added in the school office. Payment is due at the time of adding.
- Previously registered weeks, whether paid in full or by deposit, cannot be changed or cancelled without **a two-week written notice** in order to receive a reverse charge. Approved cancellations for previously registered weeks will be refunded to the original payment method.
- The registration fee and deposits are non-refundable and non-transferable.
- We accept Visa, Mastercard, and Discover.



# HARBOR CHRISTIAN SCHOOLS SUMMER CAMP

## Parent Information • 2024

### 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.

### SCHEDULES

Schedules are subject to change with no notice. Every Monday, an updated schedule will be available for parents at the sign-in table. Please read the updates, as schedules do change.

### 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.

### 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.

### 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.

### 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** in order 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 | 2024

Week	Dates	Select (X)
1	6/10-6/14	
2	6/17-6/21	
3	6/24-6/28	
4	7/08-7/12	
5	7/15-7/19	
6	7/22-7/26	
7	7/29-8/2	
8	8/05-8/09	
9	8/12-8/16	
10	8/19-8/23	

## PAYMENT INFORMATION

Reg. Fee \$ \_\_\_\_\_ Other \$ \_\_\_\_\_ Deposit \$ \_\_\_\_\_

Discount \$ \_\_\_\_\_ Student Subtotal \$ \_\_\_\_\_

Grand Total \$ \_\_\_\_\_

Transaction # \_\_\_\_\_

Payer \_\_\_\_\_

Promo Code (if any) \_\_\_\_\_



# HARBOR CHRISTIAN SCHOOLS SUMMER CAMP 2024 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.