City of Signal Hill Itty Bitty DAY CAMP

MONDAY-FRIDAY
8:30AM-1:30PM

LOCATION
Signal Hill Youth Center
1780 E. Hill Street

WEEKLY FEE
Signal Hill Residents - $65
Non-Residents - $75

JUNE 20 – JUNE 24
OUTER SPACE

JUNE 27 – JULY 1
DR. SEUSS

JULY 5 – JULY 8
NATURE

JULY 11 – JULY 15
HEROES

Resident registration begins May 9th
Non-Resident registration begins May 31st
Space is limited
For information call 562. 989.7334

$10 non refundable deposit per week to hold space.
All fees must be paid in full by June 8.

Itty Bitty Day Camp is designed to provide young children ages 3-5 with a first opportunity to enjoy the fun and friendships of summer day camp. Trained staff are on hand to provide loving, supportive care for children in a safe and exciting environment.

Children must be potty trained.

City of Signal Hill

Community Services Department • 2175 Cherry Avenue • Signal Hill, CA 90755 • 562.989.7330

Itty Bitty DAY CAMP

Community Services Department
2175 Cherry Avenue, Signal Hill, CA 90755-3799
562.989.7330

Itty Bitty Day Camp
REGISTRATION FORM
Summer 2016

Child's Name: Last: First: Middle: Nickname:	Date of Birth	Male Female

Child's Primary Address:	City:	Zip:

Parent 1/Legal Guardian:	Child Lives with Parent 1: ◯ Full Time ◯ Part Time ◯ No	Primary Phone:
Parent 1 Email:	Address:	City & Zip:
Employer:	Employer Address:	Employer Phone:

Parent 2/Legal Guardian:	Child Lives with Parent 2: ◯ Full Time ◯ Part Time ◯ No	Primary Phone:
Parent 2 Email:	Address:	City & Zip:
Employer:	Employer Address:	Employer Phone:

Emergency contact: if a parent/guardian can not be reached in the event of an illness or emergency, please list at least two contacts over the age of 18 who may be called.

Emergency Contact:	Phone:	Relationship to Child:
Emergency Contact:	Phone:	Relationship to Child:

Health Information

Child's Physician:	Phone:
Child's Insurance Carrier:	Member #:

Enrollment: please indicate which weeks of camp you would like your child to attend.

	Week 1: June 20 – June 24
	Week 2: June 27 – July 1
	Week 3: July 5 – July 8
	Week 4: July 11 – July 15

OFFICE USE ONLY:

Registration Completed on: ___/___/___ Registration Approved: ◯Yes ◯No Waitlist: _____

Proof of Residency provided: ◯Valid CAID ◯Valid CADL ◯Current Utility Bill ◯Rental Agreement

If employed in Signal Hill, provided: ◯Current pay stub ◯Letter from employer ◯Other: _____

Registration Receipt #: _____ Staff Initials: _____

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Consent for Participation and Medical Release

In consideration for my child's participation in the program offered above which is under the supervision of the City of Signal Hill, I the undersigned, hereby agree to indemnify and hold harmless the City of Signal Hill, its officers, agents, representatives and /or employees, from any loss and/or liability including expenses and costs, that may result from any death or injuries or damage to property that I or my child may sustain while participating in any activity connected with said program, including but not limited to travel to and from an activity, whether such death or injury or damage to property is caused by the passive or active negligent act or omission of the City of Signal Hill, its officers, agents, representatives and/or employees, or any other cause except intentional torts, fraud, or violation of law. I agree that I will make no claim against the City of Signal Hill, its officers, agents, or employees for any injury or liability for which I have hereby indemnified the City. I further agree to assume responsibility for reasonable safety inspection of any grounds or structure for facilities at any location where my child or I participate in the above program. The undersigned hereby permits the taking of photographs or videos of themselves and/or minor participants by the City of Signal Hill during city sponsored events, activities and/or programs to be used at the City's discretion, without further compensation to the participant. I further agree that use of such photos or videos may include public display or advertisement. I hereby represent that the participant is physically able to participate in the above program. I do hereby give permission for any certified emergency professional or health care professional to administer any type of medical treatment they deem necessary to the above participant in case of an emergency and in the event I cannot be contacted. I have received, read, and understand the Parent's Handbook and agree to and will abide by its contents. I understand that if my child vandalizes and/or destroys City property, fees will be assessed. I request that he/she be permitted to travel under the supervision of the City of Signal Hill between Alvarado and Signal Hill Elementary schools and Calbrisas, Discovery Well, Hillbrook, Hilltop, Reservoir, and Signal Hill Parks, as well as on regularly scheduled excursions.

I HAVE READ AND AGREE TO THIS RELEASE AS LEGAL PARENT OR GUARDIAN:

Parent/Guardian Signature: _____Relationship: _____Date:_____

Parent/Guardian Signature: _____Relationship: _____Date:_____

Release Authorization

For your child's protection, only persons authorized in writing by the parent/guardian who are designated on the Release Authorization Form and are over 18 years of age may pick up your child. Staff will require photo identification for persons other than the parent/guardian.

Name: _____Relationship: _____ Phone: _____

Name: _____Relationship: _____ Phone: _____

Name: _____Relationship: _____ Phone: _____

Name: _____Relationship: _____ Phone: _____

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Parent Questionnaire

Child 1

Name:	Age:	Potty trained: ☐Yes ☐No
What are your child's special needs, if any?	Physical:	Medical:
Food allergies:	Dietary restrictions:	Other:
Has your child attended preschool: ☐Yes ☐No Preschool name:		

Child 2

Name:	Age:	Potty trained: ☐Yes ☐No
What are your child's special needs, if any?	Physical:	Medical:
Food allergies:	Dietary restrictions:	Other:
Has your child attended preschool: ☐Yes ☐No Preschool name:		

1. Describe your child and tell us what makes him/her happy? Favorites? Hobbies?

   _____

   _____

2. What techniques do you use to help your child when he/she is having a hard time?

   _____

   _____

3. Please give us any information that you feel would be helpful to know about your child:

   _____

   _____

4. What activities does your child participate in (i.e. Karate, baseball, swimming, dance)?

   _____

   _____

5. What types of activities do you do together as a family?

   _____

   _____