



Camp Aghbalian

Summer Day Camp

Application Form 2019

Name of Child:

Birth Date:

Gender: Male Female

Home Phone Number:

Complete Address:

School Name:

Name of medical insurance carrier and identification number:

Father's Name:

Occupation:

Father's Work Phone:

Cell Phone:

Email:

Mother's Name:

Occupation:

Mother's Work Phone:

Cell Phone:

Email:

Child Lives with: Mother Father Both Guardian

Emergency Contact Name:

Relationship to Child:

Phone:

Family Doctor Name:

Phone:

Any medications to be taken at Camp? Specify:

Anticipated Attendance Schedule:

Wk	Dates	Mo	Tu	We	Th	Fr	Extended Hours (Additional Fee)
1	Jun 17 - Jun 21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Jun 24 - Jun 28	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	Jul 01 - Jul 05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	Jul 08 - Jul 12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Jul 15 - Jul 19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Jul 22 - Jul 26	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
7	Jul 29 - Aug 02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
8	Aug 05 - Aug 09	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No



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MEDICAL PERMIT: As the parent/legal guardian, I hereby give consent to ACF Mardirosian Burbank Youth Center (BYC) to provide all emergency dental or medical care prescribed by duly licensed physician (M.D.) or dentist (D.D.S.) for _____ in case of illness or accident when neither parent can be located.

The medical services are to be performed by State of California licensed medical doctor.

MEDICAL INFORMATION

Is your child...?

1. Allergic to medication? Yes No If Yes please specify: _____
2. Allergic to anything else? Yes No If Yes please specify: _____
3. Taking any medication? Yes No If Yes please specify: _____
4. Ill? Yes No If Yes please specify: _____

PICK UP: The following persons are authorized to pick up my child from Summer Day Camp:

1) Name: _____ Relationship: _____

Telephone #: _____

2) Name: _____ Relationship: _____

Telephone #: _____

SPORTS PLAY: I authorize my child to participate in supervised athletic activities. Yes No

Field Trip: I authorize my child to participate in supervised Educational field trips Yes No

PHOTOGRAPHS & VIDEOS: I authorize the BYC (Camp Aghbalian) to photograph and video tape my child during his/her camp activities and release these photos and videos to the organization's website, Cable Channels or place the material on social media and YouTube for Summer Day Camp promotion and introduction purposes. Yes No



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Day Camp Terms and Conditions

REGISTRATION: Camp registration is considered on an individual child basis only. Each child in the family must have his/her own separate registration form and each form is processed in the order in which it is received together with the appropriate payment or deposit. Incomplete forms will delay registration.

If there is no space available at the time the registration form is received, the parent will be notified and the child is automatically placed on the waiting list.

To reserve space: complete and sign one registration form for each child and submit the form along with the first week's payment.

Your child will not be allowed to attend the Day Camp if your fees have not been paid.

HOURS OF OPERATION: Summer Day Camp program hours are 8:00 a.m. to 5:00 p.m. Late pick up (latest 6:00 p.m.) is available for \$10.00 per occurrence or \$30 per week.

ACTIVITIES: Athletic and recreational activities are an important part of the day camp program and are included as part of the total camp fee. Any physical activity, of course, has risks, but the BYC (Camp Aghbalian) believes that with proper supervision, the benefits derived far outweigh these risks. If you do not wish your child to participate in any given activity, we need a written statement that you do not want your child to participate in that specific activity.

ACCIDENTS: In the event a child is hurt at the BYC (Camp Aghbalian) and needs emergency treatment, the staff will try to reach the child's parents, the emergency contact, or the family doctor. The BYC (Camp Aghbalian) accident insurance covers, up to our policy limits, any injuries received at camp to the extent that they are not covered by your health and/or accident insurance.

IMPORTANT NOTES: Breakfast, lunch and snacks will be provided by the BYC (Camp Aghbalian). Please be sure to indicate if your child is allergic to any foods on the Camp application.

Payments: Payments to be collected every Monday and fees are not credited for camper absence.

Refunds: Restriction applies on Refunds. It will be issued only with appropriate notification.

Make checks payable to Armenian Cultural Foundation or ACF. Cash is also accepted. Receipts from the Armenian Cultural Foundation will be given for every payment.

Signature of Parent or Guardian: _____

Date: _____